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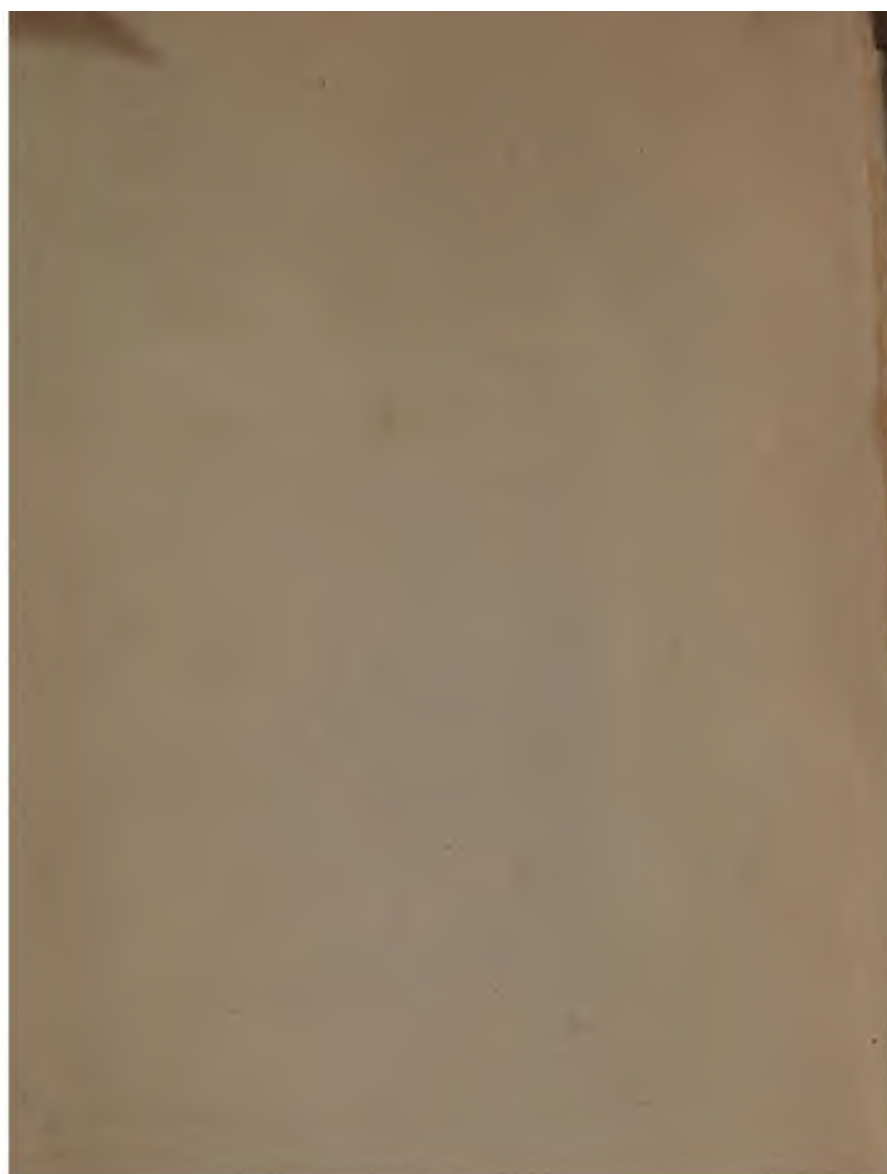
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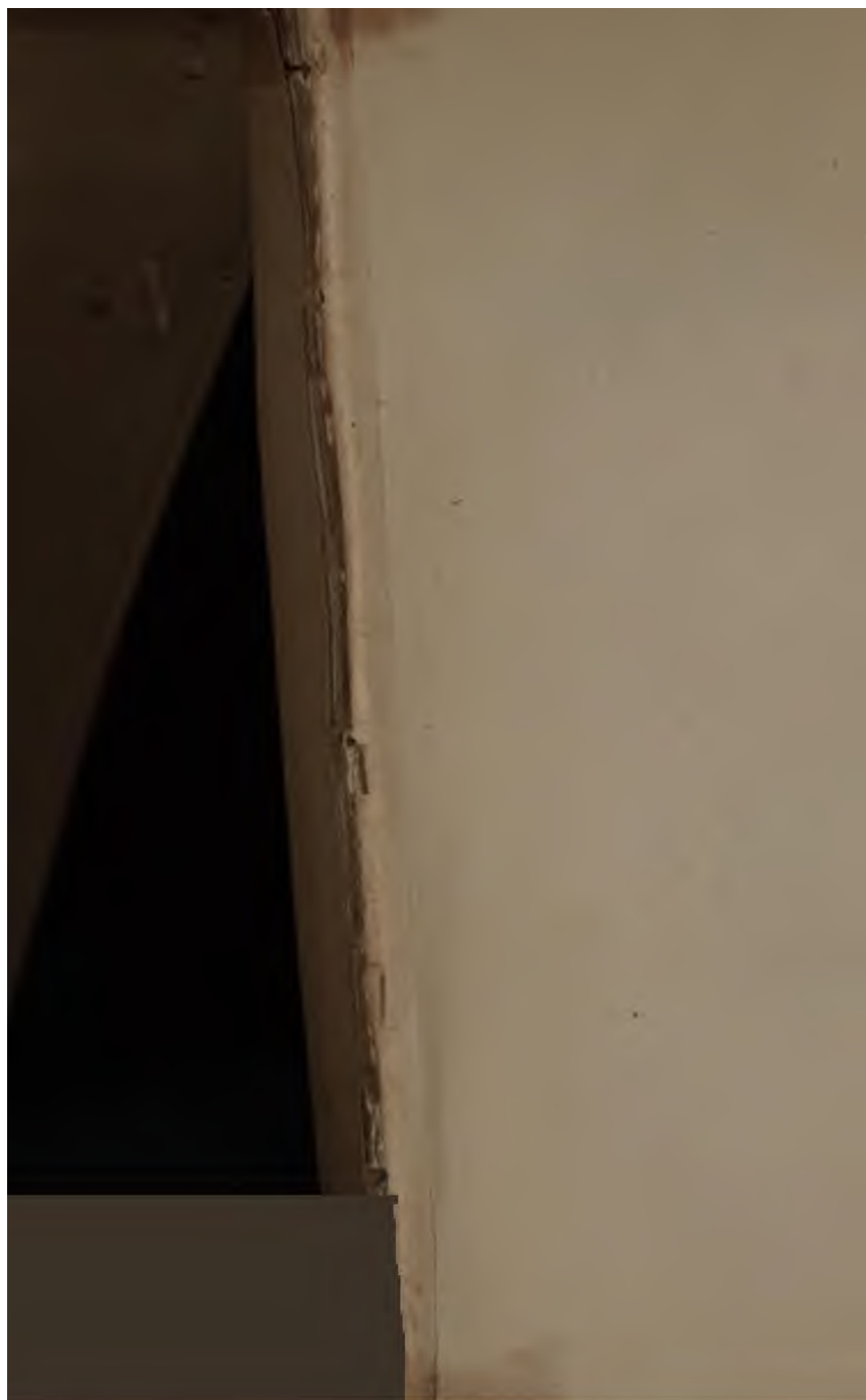
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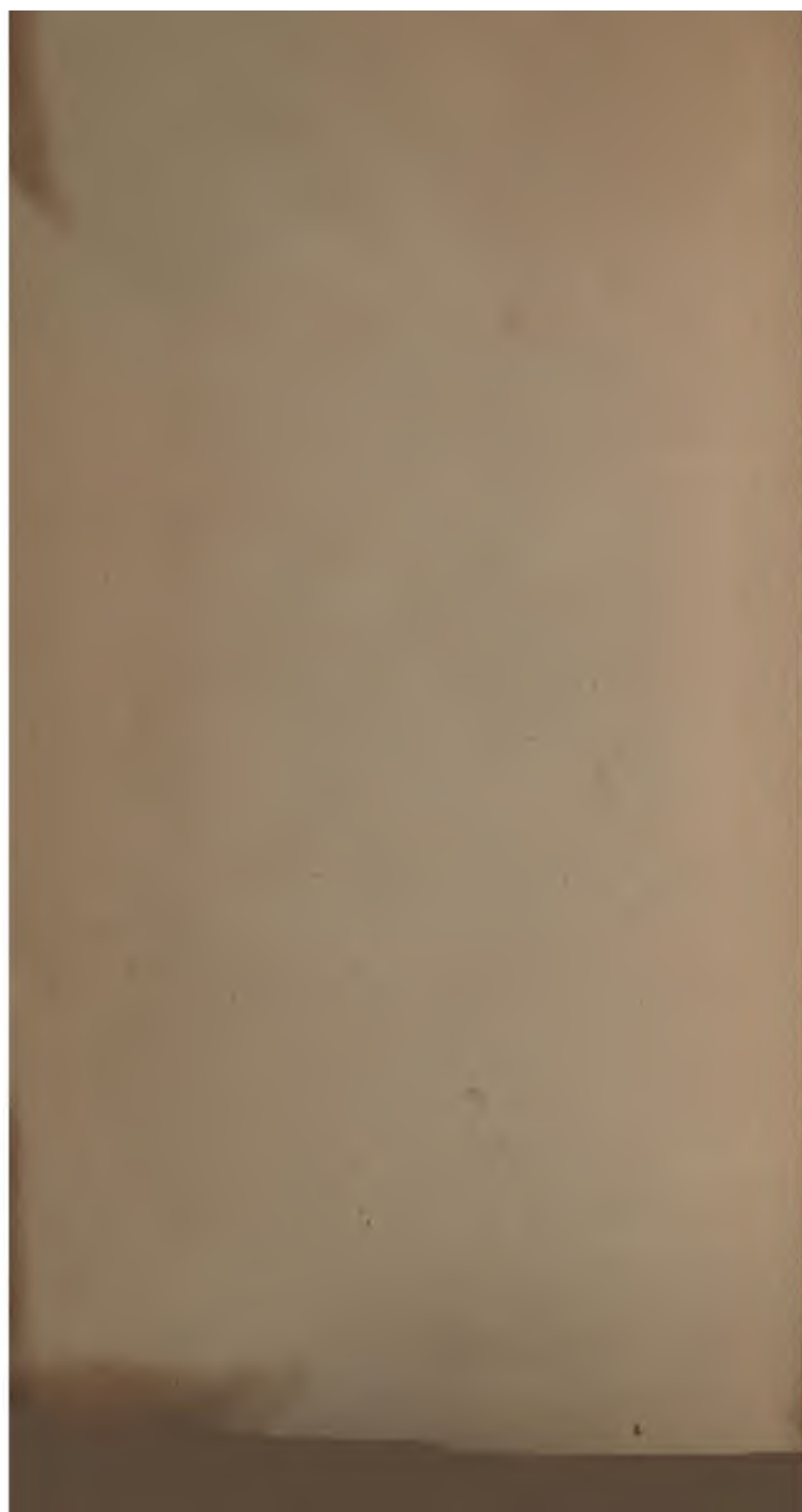


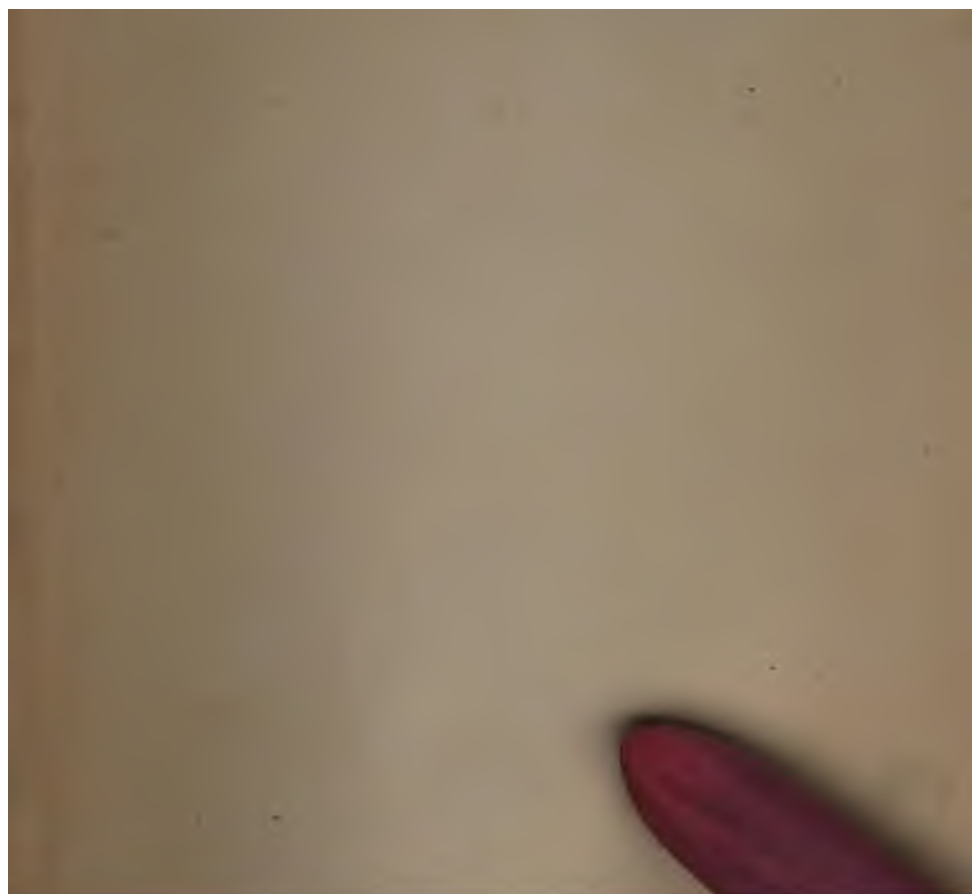
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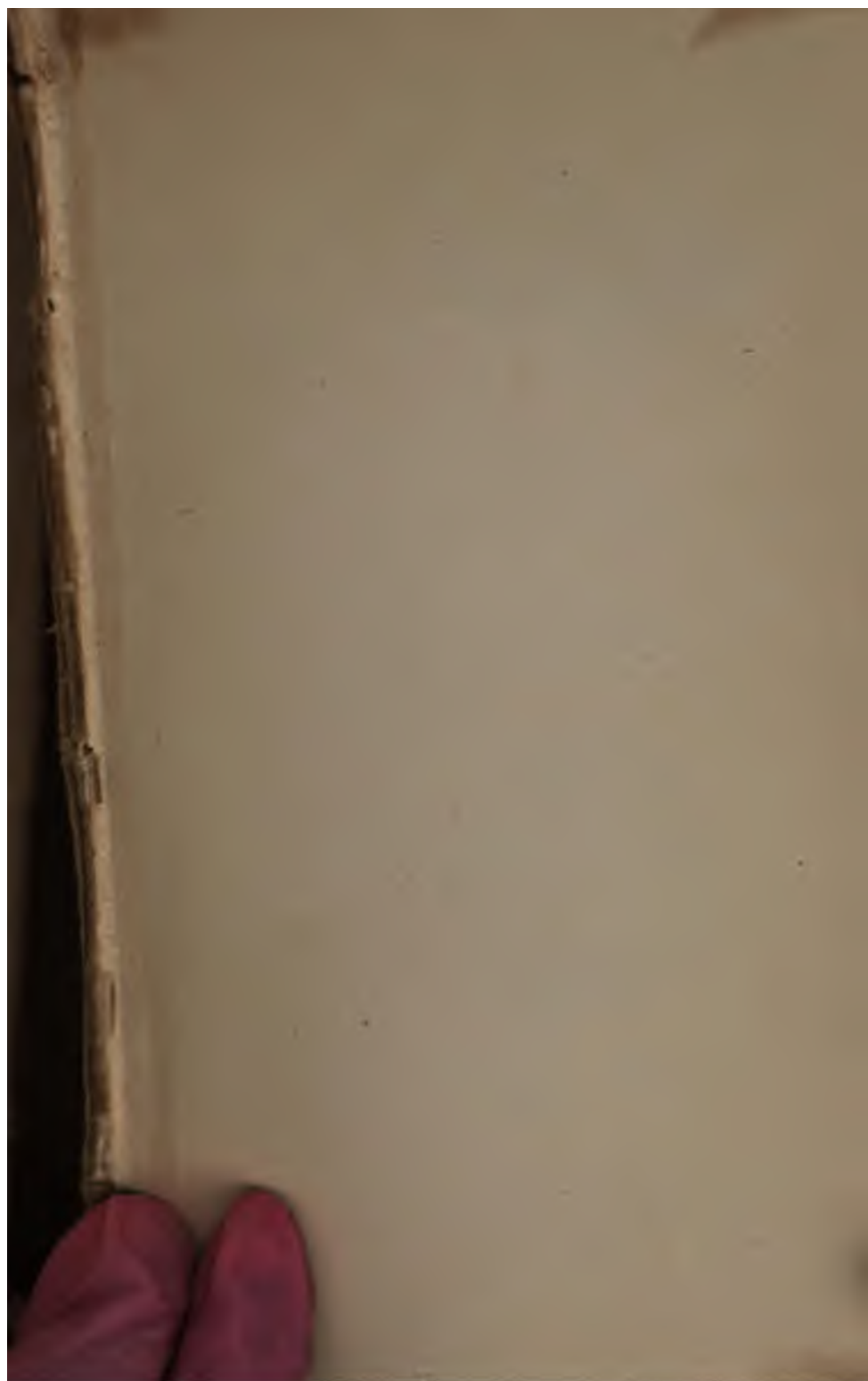


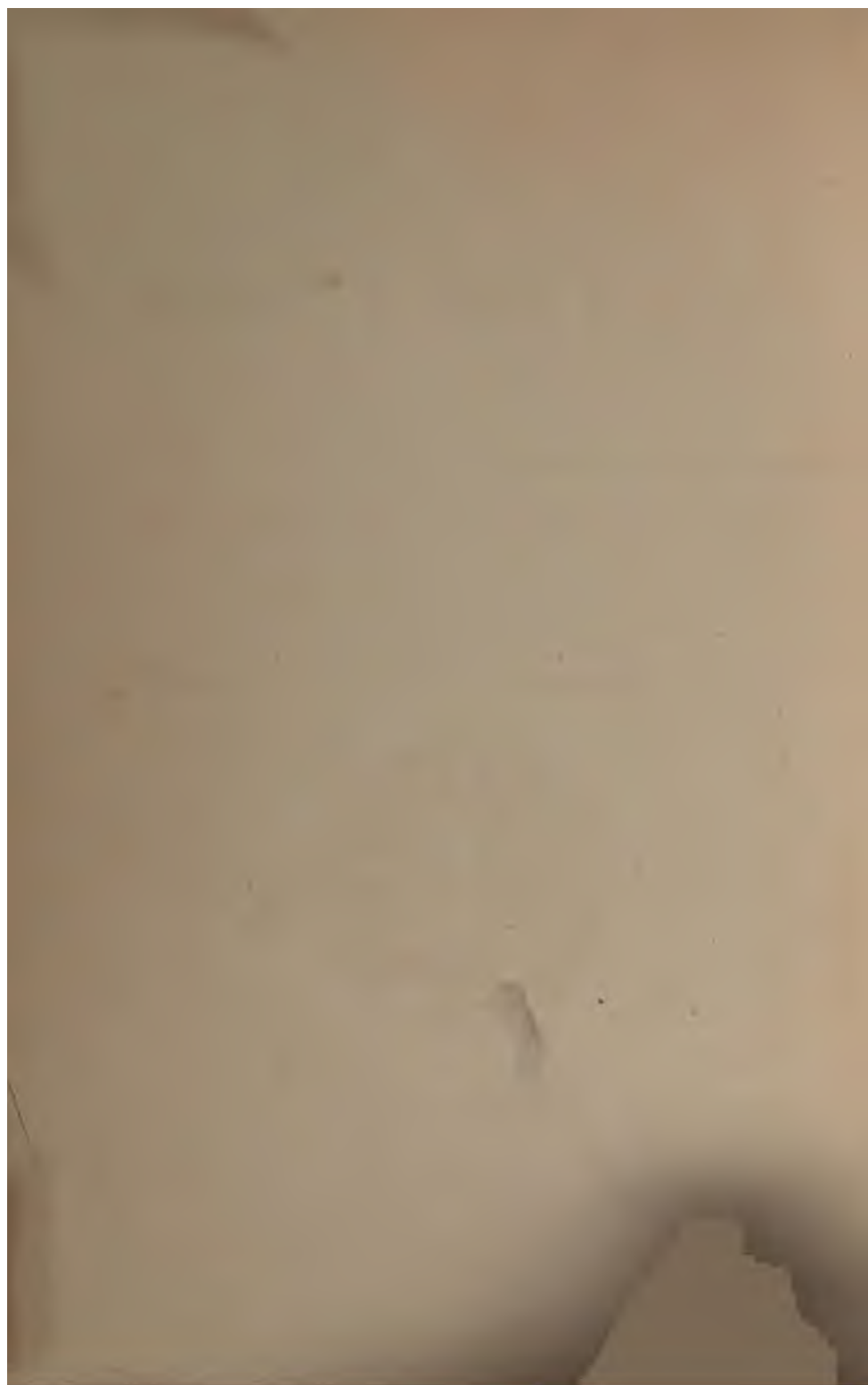












THE  
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Original Communications.

ARTICLE I.—*The Mouth to Mouth vs. The Marshall Hall Method in Asphyxia Neonatorum.*\* By A. T. KEYT, M.D., Walnut Hills, Ohio.

Soon after the announcement by Marshall Hall of his "Ready Method" in asphyxia, communications appeared in the journals containing reports of cases to the effect that the process in them had been successfully employed. Like reports have since greatly multiplied, consisting of some cases of asphyxiated adults, but for the most part of asphyxiated new-born children, in which resuscitation followed more or less quickly the application of the new method. In these cases, the process would seem to have accomplished all that could be desired; and if, in accordance with the expressed view of some of the reporters, the children could not have been restored by any other means, then the question is settled, a true advancement has been made in the discovery of a treatment by which children that were doomed under former methods may be saved. Nevertheless, for one, I am not thus sanguine, and propose the question: Which method, the *Marshall Hall* or the *mouth to mouth*, is the more entitled to our confidence in the asphyxia of new-born infants?

It may be remembered that the case of the asphyxiated new-

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\* Read before the Cincinnati Medical Society.



born child is not just parallel with that of the asphyxiated adult. The first has never respired. The chest has never been expanded; the air vesicles have never been opened. The chest and lungs then do not possess that elasticity or resiliency which would be so important an element in successfully carrying on the "rotation process." It would be difficult to understand how, under it, the first expansion of the lungs could take place; when the child is turned on its face, the lungs being already compressed, the capacity of the chest could be thereby but little, if any, diminished; and when turned upon the side and a little beyond, as directed, it could be but little, if any, increased. Whether here there be any ingress and egress of air has yet to be determined by experiment. This test, instituted, as is well known, by Marshall Hall at St. George's Hospital, was in reference to adults. This peculiarity, then, of the new-born child can but constitute a serious impediment to the successful performance of the *rotation process*. But it possesses characteristics which render it a very suitable subject for the mouth to mouth operation: its small size admits of its being placed in any position that may best suit the convenience of the practitioner; its small mouth is easily encompassed by his mouth, and the force of his breath is entirely sufficient to expand its delicate lungs; and the child, accustomed as it has been to imperfectly arterialized blood, is readily quickened into life by contact with its air vesicles of air no purer than the breath of the practitioner; moreover, no real difficulty is here experienced in the falling back of the tongue.

If the two processes be compared in reference to the qualities *ready, easy of performance, and effectual in the purpose*, it is plain that the old plan is as *ready* as the new, since by it the child is treated "*instantly and on the spot*," that *ease of performance* pertains almost as much to the one as to the other (since no apparatus or complicated manœuvre is required in either case), and if there be here a slight difference in favor of rotation, it is not such as to influence the mind of the practitioner in deciding which process to pursue.

The great point is, which is the most effectual in the purpose—the accomplishment of artificial respiration. Under the new method, there are no indications whereby it may be known whether the air enters the lungs or not, until waiting for evidences

of increased vitality on the one hand, or the cessation of all signs of life on the other. Under the old method, there are *direct, immediate, and unmistakable signs that respiration is being effected*: the thorax expands, *the air is heard and felt to enter the lungs*; the thorax contracts, *and the air is heard and felt to escape*. Such evidences are conclusive; when present there is respiration, and there is no occasion that they should ever be wanting.

I propose now to consider the question in the light of cases occurring in practice. I will take it for granted that the cases published as favorable to the new method are familiar to the profession, so as to render it unnecessary to reproduce any of them here.

Mrs. C——, third confinement, July 22, 1855. I found the child presenting by the feet. Labor steadily advanced till the body of the child was expelled, when an interval of at least a quarter of an hour elapsed before the head followed, during which time the circulation through the cord was completely obstructed. The child was born apparently dead, though the hand applied to the chest detected a very feeble pulsation of the heart. Artificial respiration by the *mouth to mouth* process was immediately resorted to, under which the action of the heart became more vigorous. After persevering for several minutes, there was a feeble respiratory gasp; then, after a considerable interval, there was another gasp. These respiratory acts continued to be repeated at long intervals, artificial respiration in the mean time being kept up and the circulation thereby maintained. An hour passed before the child could maintain its respiration unassisted. In the course of another hour there was a perfect restoration of vitality.

Mrs. B——, multipara. Confined November 6, 1855. One week previously she was taken with flooding, which continued more or less until true labor pains set in; after which there was no more flow. In this case there was prolapsus of the cord before the head, and my efforts were unavailing to keep it above the brim. The usual consequences followed: the cord was compressed, its pulsations grew faint and finally ceased; the child was born to all appearance lifeless. Examination, however, revealed the important fact that the heart was still pulsating, though so feebly as to be just perceptible, and so slowly that the lengthened interval excited my apprehension that each beat would be the last. With the loss of as little time as possible, I commenced artificial

respiration (by the usual method), the effect of which was soon manifested on the circulation: the action of the heart was increased until it came up to the standard of a healthy breathing infant; the surface changed from pallor and lividity to the healthy complexion.

But it seemed that vitality was to be maintained only so long as I persevered in inflating the lungs; for on suspending the operation there was no spontaneous respiratory effort, and the circulation became speedily feeble. However, after keeping up the process at least half an hour, I was greeted by a respiratory gasp. There was a recurrence of gasps at first at long intervals, and afterwards more frequently, until respiration was established.

These cases, I am aware, contain nothing peculiar. They are merely examples of asphyxiated new-born infants relieved efficiently by the method which the profession has been taught to recognize as the *sine qua non* in such conditions. I relate them that they may be placed in apposition with the cases published in the journals as favorable to the "Marshall Hall Method." And if it be claimed that in the latter cases resuscitation could not have been brought about by other than the "Ready Method," I think it may with equal propriety, at least, be claimed that my cases could not have been restored by other than the *mouth to mouth* method. Indeed, my firm conviction is, that, when these births occurred, had I known of this new method, and resorted to it, and trusted it to the exclusion of the old process, these children would never have breathed. The asphyxia was so profound, and the tendency to complete death so rapid, that nothing less than the prompt and free exposure of the air vesicles to the air, as obtained by this process, would suffice.

I shall now reproduce some cases in which both methods were employed.

Mrs. C——, primipara; foot presentation, with descent of the cord, which latter was pulseless. I had no expectation of saving the child, and announced to the friends that it would be born dead. With no more delay than the average, delivery was completed. The child was small, and evidently not less than six weeks premature. There was nothing about it to indicate to the casual observer the presence of life, but by a careful examination the heart was ascertained not to have ceased its action—the pulsa-

tions were just perceptible to the ear. I entered at once upon the task of resuscitation. *At least one hour elapsed before the child gave a gasp*, and two hours before it could be left to do its own breathing. My dependence was upon the *mouth to mouth* process : by it I found no difficulty in controlling the circulation ! It seemed as though the heart's action might have thus been maintained indefinitely. The "Marshall Hall Method" was tried, but the results were negative ; under it pallor and lividity would return to the surface, and the circulation grow gradually more and more feeble, until the heart's action would plainly have soon ceased had it not been timely aroused by a more *ready* and *efficient* method. Several times did I alternate the new method with the old, and just as often did I witness the same striking contrast of phenomena.

Mrs. L——, multipara ; vertex presentation ; child large and asphyxiated ; restored by artificial respiration (the ordinary method). The "Marshall Hall Method" was found insufficient.

Mrs. T——, multipara ; child delivered before my arrival by a breach of presentation. It was gasping feebly and at distant intervals ; pulsations of the heart very feeble and slow ; color pale and livid. Restored by artificial respiration performed in the usual way. The "Ready Method" again unavailing. Though not stated in the record of these two cases, which is too brief, I distinctly remember that I gave the plan what would be considered a fair trial, and when under it I saw the child was evidently sinking, instead of evincing increased vitality, I felt it my duty no longer to trust it.

Cases such as these certainly have a distinct and significant bearing upon this question. The processes stand side by side in the identical case : the *one* is found wanting—the *other* gives prompt and decided results ; under this the circulation rises, the color changes, the child is reviving, and I am encouraged to persevere—under that the heart beats more and more feebly, the lividity deepened, the child is sinking, and I am warned to desist.

I confess, then, to having great confidence in the old method of treating asphyxiated new-born children. I believe it is adequate to resuscitate wherever resuscitation is possible. Give me a beating heart, however feeble and slow the action, and I expect to resuscitate the child ; but if motion there has absolutely ceased, I

am impressed that the best exertion in the use of any means would be in vain. The doctrine of Sir Benjamin Brodie, that "if that action of the heart by which the circulation is maintained once cease as a consequence of the suspension of respiration, it can never be restored," has not been disproved. Dr. Marshall Hall proposed to put "this dogma" to the test of experiment, but unfortunately he died before carrying out the purpose.

It is certainly true that the new-born child bears the deprivation of air with peculiar tolerance. This fact I would use as an incentive to institute and persevere in efficient means at resuscitation. I would not use it as an apology for the employment of temporizing means of treatment; for there is a point beyond which it is not safe to leave the child. When the babe is born presenting no sign of life excepting as ascertained by a physical examination of the cordiac region, where the heart is found beating with a barely perceptible pulsation, then no time is to be lost. "The life-giving process" must be instantly commenced; a moment's delay in inflating the lungs may seal the infant's fate. An extremity like this calls for a remedy prompt and sure: such remedy is found in artificial respiration by the mouth to mouth method.

Rotation, I will grant, is entitled to a position as a means of resuscitation. It is easy to conceive that it would be a good exciter of respiration, and that after the lungs had once been expanded sufficient air might be admitted by it to insure restoration. But in cases of profound asphyxia, this is not the remedy: its position is subordinate to that process in which the air is surely, quickly and freely admitted to the lungs.

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ART. II.—*Treatment of Prolapsus of the Funis.* By GEORGE MENDENHALL, M.D., Professor of Obstetrics in the Med. College of Ohio.

EDITORS OF LANCET AND OBSERVER.

*Gentlemen*:—In a previous number of your journal, I made some remarks upon prolapsus of the funis as a complication of labor, accompanied by the details of a case, its treatment and result. I have within a day or two had another case of this kind, where two or three inches of the cord prolapsed, following the evacuation of a large quantity of liquor amnii. I immediately placed

the woman upon her breast and knees, introduced the hand into the vagina, and readily replaced the cord. It kept its proper position by gravitation until the contractions of the uterus pressed the head pretty firmly against the os uteri, which prevented its descent. In a few minutes after it was replaced, the woman was placed on her left side, and the finger was kept in contact with the os so as to ascertain whether the prolapsus of the cord returned. This did not take place, and in about an hour the woman was delivered of a fine living and healthy male child, much to the gratification of the parents. In view of the frequent fatality to the child of this complication, I deem a knowledge of its proper treatment a matter of great importance. I think with this knowledge that few, if any, cases ought to result unfavorably to the child, and a resort to turning the child is seldom, if ever, necessary.

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ART. III.—*Operation for the Removal of Bronchocele—Death of the Patient.* By E. S. COOPER, M.D., Professor of Anatomy and Surgery in the Medical Department of the University of the Pacific, San Francisco.

Important surgical operations proving successful, should generally be reported to the medical world, but those terminating fatally should always have the widest range of publicity among the profession.

In consequence of the great fatality attendant upon operations for the removal of bronchocele, the practice is now generally abandoned. The extent and importance of the tissues involved when the tumor is large, rendering the operation dangerous in the highest degree, is sufficient reason why it should not generally be resorted to, except in extreme cases.

There are those, however, where the disease is rapidly growing, and from the hardness of the enlargement and its pressure upon the windpipe suffocation must inevitably result at no distant day, in which an attempt at removal may be made. Such is the one I am about to relate.

*Case.*—Mrs. M., æt. 24 years, consulted me on the 3d of October, 1859, in consequence of an enlargement on the left side of the neck, extending from the clavicle to near the chin. It was

twice the size of a man's fist, and had been over four years attaining that size, and during the preceding year increased very rapidly. It pressed heavily upon the trachea, which was considerably flattened. Pulsation of the left carotid artery could be distinctly heard on applying the ear over it, while the sounds of expiration and inspiration could be as clearly heard over it as by applying the ear to the chest. There was distinct pulsation nearly all over the tumor. In the act of swallowing, it arose and fell with the motions of the trachea, and was much more firmly fixed over the region of the trachea than over the outer part of the neck.

I was convinced that I had made a true diagnosis before operating, and that it was not aneurism, but bronchocele, though some of my medical friends thought it might be the former.

I have been consulted in regard to many cases of bronchocele, but never saw any one presenting so fearful a prospect for the use of the knife, and from the lights before me, conferred by the experience of others, I never would have decided upon removing this disease by the knife; and notwithstanding the certain prospect of a fatal termination of the case at an early day, I would have either sent the patient away as hopeless, or pursued a temporizing course, as had been my custom in other cases, but for having decided to try the *ecrasseur*, by which I concluded I might succeed in removing it without the dangers of fatal hæmorrhage, so often attendant upon the use of the knife.

For the purpose of applying the instrument, I made the crucial incision over the tumor, and reflected the flaps of integument down its sides until I thought one-half of it was exposed, after which I passed needles armed with ligatures deeply into its substance in six different places, to be strongly drawn upon by my assistants, thinking thereby to force the chain round the tumor to its under side. It was soon ascertained, however, that the chain would slip forwards in spite of the ligatures. I therefore made a further dissection, so as to expose the entire anterior half for the purpose of inserting the ligatures as before.

About this time the procedure was arrested by a collapse of the patient, apparently from the effects of the chloroform.

The patient became pulseless, and for some seconds respiration appeared entirely suspended; but by the use of brandy and other stimulants, with electricity, she had reaction, when the *ecrasseur*

was again applied ; but the use of the instrument was still found to be impracticable, in consequence of the firm attachments of the tumor to the trachea, in consequence of which the chain would have broken down and carried part of it away, instead of separating it from the tumor. I therefore laid aside the ecrasseur, and took up the scalpel to dissect the tumor away from the trachea ; but in effecting this I found it necessary to ligate the primitive carotid artery a little above where that vessel crosses the lower part of the trachea.

This I think was the most difficult dissection I ever did. The extreme low point on the neck at which I was compelled to ligate this vessel in order to place it out of the reach of being subsequently wounded, together with the density of the abnormal adhesions among the different structures, rendering their separation with the scalpel exceedingly difficult, while the use of that instrument was hazardous in the extreme, were the causes of this dissection being so difficult.

The carotid artery being tied, I concluded to extirpate the tumor by the knife, which was accomplished in an hour and twenty minutes from the time the operation was commenced, with the loss of a comparatively small amount of blood.

The internal jugular vein was not wounded, but the anterior and external jugulars were both ligated above and below, as also the superior and inferior thyroid and some other enlarged veins. There were but four arteries besides the carotid and inferior thyroid ligated.

The tumor being removed, the flaps of integument were brought together by sutures, and were formed sufficiently large to cover the exposed surface. Adhesive straps were put upon the wound, and a piece of lint wetted with an evaporating lotion placed over it, when the dressing was completed.

The patient revived considerably, and appeared to be doing tolerably well for two hours, but perfect reaction did not take place, and she died in five hours from the time the operation was concluded.

The great length of time occupied in this operation was owing to the care with which part of the dissections had to be made, the delay occasioned by the sinking of the patient at one time from the chloroform, and the time occupied in the efforts to use the ecrasseur.



ART. IV.—*Case of Encysted Dropsy of the Ovary.* By MILTON JAMES, M.D.

Mrs. Elizabeth K., Adams county, Ohio, 30 years of age, the mother of five children, of nervo-sanguinous temperament; her health had always been good until within a short time of the operation. At the end of March, 1859, she first perceived a small tumor in the left iliac region, perfectly movable, free from pain and tenderness. This continued steadily to enlarge, at first gradually, and afterwards more rapidly. A physician being sent for, pronounced her difficulty to be ascites, and prescribed accordingly, but without effecting a diminution of the swelling. In the course of a month it had attained such size as to cause serious inconvenience by its weight and bulk, as well as by its pressure upon the diaphragm and abdominal viscera. The physician then introduced a trocar into the swelling, and drew off two gallons of straw-colored, viscid fluid. The paracentesis was followed by great relief to the patient; the fluid, however, reaccumulated, and the operation was again repeated, evacuating a pint of ropy, tenacious fluid. After exhausting every known therapeutic means, the case was abandoned as incurable.

On the 23d of September, Dr. E. R. Bell, of Ripley, Ohio, was called, and gave it as his opinion that she was laboring under encysted dropsy of the ovary, and referred her to Dr. A. Dunlap, of Springfield, Ohio. At the time of consulting him she was much emaciated, sallow countenance, menstruation profuse, and continued quite undisturbed; her general health much impaired, and was laboring under all the symptoms that are attendant on the later stages as the result of mechanical pressure; the abdomen was nearly globular and prominent, distended to at least twice the size of a female at the full term of gestation, elevating the cartilages of the ribs to a considerable extent; the parietes of the abdomen were smooth and natural in color; fluctuation distinct in every part.

Examination per vaginam with the uterine sound showed the uterus to be unattached; it seemed of natural size, but was situated lower in the pelvis than usual. The parietes of the vagina were protruded, and texture of the walls natural.

The symptoms of the case clearly indicated encysted dropsy of the ovary, advanced to such a stage as to render surgical interference necessary. Ablation of the tumor was determined upon,

to which she readily gave her consent, after rendering the subject perfectly intelligible to her.

On the 19th of October, in the presence of Dr. Beasley, Dr. McDill, and others, assisted by Dr. Bell, Dr. J. Mosgrove, of Urbana, Ohio, and myself, Dr. Dunlap performed the operation. The bladder and bowels being previously evacuated, the patient was placed upon the table and brought fully under the influence of chloroform. An exploratory incision was then made, sufficient to admit the hand. The adhesions being but slight to the upper surface of the tumor, were readily broken up. He next proceeded to enlarge the incision, extending it from the xyphoid appendix down to the pubes, completely exposing the tumor, which was then punctured and emptied of its contents. On raising it, there was found to be an extensive adhesion to the cæcum and appendix vermiformis, through which large blood-vessels ramified. It being tied and separated with the knife, the pedicle yet remaining was ligated by passing a needle armed with a double silken ligature through and tying one around each half. It was then divided, and the ligature brought out at the lower part of the incision. The cavity of the abdomen being carefully sponged out, the lips of the wound were brought together and maintained in apposition by interrupted sutures and adhesive straps; applied compress and bandage, and removed her to bed. Circulation undisturbed.

The character of tumor multilocular, the walls of the cysts thin and of uniform thickness.

The operation was performed at 11½ A. M. and 3 P. M. She was resting quite comfortable, free from pain, skin moist and natural, pulse 96; directed half a grain of sulphate of morphia to be given at bedtime.

20th.—Patient slept well, free from pain and distension; drew off half pint of urine; pulse 110. Evening—Pulse increased in frequency; countenance somewhat flushed; complains of thirst and some tenderness; drew off urine, and gave pill grs. ij. of gum opii.

21st, morning.—Has had no evacuation from her bowels, which are much distended with flatus; directed injection of oil and flaxseed tea, which was followed by a slight fecal discharge, accompanied with some flatus; drew off urine; pulse 106. Evening—Ordered the enema to be repeated with addition of turpentine,

which was followed by considerable discharge of flatus. 9 P. M.—Vomited. Gave pill of gum opii.

22d, morning.—Says she feels more comfortable every way; skin moist; pulse 106, soft and full; urinated without difficulty; removed sutures and dressed the wound; healed entirely up by the first intention. Evening—Feels in all respects better.

23d, 4½ A. M.—Vomited, with expectoration of a lumbricoid worm; pulse quick, and somewhat irregular; has some soreness. Gave brandy, with nourishment, and ordered enema.

8 P. M.—Injection operated favorably; says she feels more comfortable; skin moist; pulse 106, and more regular.

24th.—Feels quite well; some appetite; pulse 86.

25th.—Slept well; pulse 80. 9 A. M.—Vomited. Gave ice. From this on, during the thirteen days that I remained with her, everything progressed favorably; the bowels moved spontaneously, and everything promised a happy issue.

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ART. V.—*A set of False Teeth in the Esophagus fifteen days.* By A. P. DUTCHER, M.D., Enon Valley, Lawrence county, Pa.

October 28, 1859.—Mrs. S., aged 25, just after retiring to rest last evening had an epileptic convulsion, after which she was insensible during the remainder of the night. In the morning she was sick at the stomach, and vomited very freely several times. In the afternoon the sickness left her, and she tried to take some food, but was unable to swallow. The next morning she could swallow water, but nothing in the form of solid aliment. Having now fully recovered her senses, she for the first time informed her friends that she had swallowed her false teeth. I was then called in, and on examination found them lodged in the esophagus just above the diaphragm. As I had no throat forceps of sufficient length to reach them, and did not like to force them into the stomach, I told the family they had better call in some surgeon, who would have the necessary instruments for their removal. As they did not cause her any pain, she thought that on the next day she would go to Salem, Columbiana county, Ohio, and have them taken out. She did not, however, go until Monday, the 31st. The individual that was applied to had forceps, but none long enough to reach them. He concluded, however,

with the consent of Mrs. S., to pass them into the stomach. After manipulating for a few minutes with a gum-tube, he assured her that they were in the stomach. She returned home the same evening. Her throat was not much inflamed from the operation. She thought she could swallow some better. In other respects she was very comfortable.

On Friday morning, Nov. 4, she took labor, and had a speedy delivery of a child at term. I did not attend her during the confinement. She appeared to do very well until Thursday, the 10th, when I was again called to see her. She was still unable to swallow any thing but fluids. Pulse 90, and respiration 25 per minute. Complained of pain at the inferior portion of the sternum, and under the right scapula. From the pain and difficulty of swallowing, I came to the conclusion that the teeth were still in the œsophagus. On examination, I found I was correct. The case now having assumed an alarming character, Dr. John Dickson, of Pittsburgh, Pa., was sent for. He came on Friday afternoon. After the most persevering efforts and skillful manipulation, he succeeded in extricating them from the position they had occupied for more than fifteen days. Her throat was very sore for several days; had some fever, cough, and expectoration, but is now (Dec. 2) in her usual health.

The plate was made of silver. It was two inches long and one inch wide, with four teeth upon it. The instruments used in extricating it were a probang and the long throat-forceps. The probang was such as is commonly used in cauterizing the throat. A piece of muslin was tightly drawn over the sponge, and secured to the handle; it was then thickly covered with nooses of strong thread. The forceps were fourteen inches in length, and made after the fashion of Weiss' urethra-forceps, used by many surgeons for the removal of calculi under a certain size from the bladder.

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ART. VI.—*Case of Impacted Rectum from Eating Roots, producing Dysenteric Symptoms.* By W. H. BRYANT, M.D., Rochester, Andrew county, Mo.

On Monday, 15th of April, I was requested by Dr. Sheldon to visit a patient of his, represented as laboring under dysenteric symptoms. I learned that the little fellow, a child of Mr. Sails,

aged three years, had on the previous day eaten a quantity of roots while out at play with some other children in a wood near the house. When we arrived, we found the patient suffering considerably with frequent but ineffectual efforts to evacuate the bowels, together with frequent and painful micturition. I oiled the index finger of my left hand, and made an examination per rectum, when I found the bowel was completely filled up with the foreign substances; with the aid of the scoop and finger I succeeded in removing a large quantity of the roots matted together so as to feel like one solid mass. After I had removed all that I could with the scoop and finger, I ordered an injection of tepid water to be thrown up, which brought away the remaining fragments in the rectum. A dose of castor oil was ordered, and the patient left perfectly comfortable.

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### Proceedings of Societies.

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*Proceedings of the Cincinnati Academy of Medicine.* Regular Meeting, December 5th, 1859. Reported by J. A. THACHER, M.D., Recording Secretary.

Dr. White, the President, called the Academy to order at the usual hour. The minutes of the previous meeting having been published in full in the *Cincinnati Lancet and Observer*, their reading by motion was dispensed with.

The appointed essayist of the evening, Dr. McIlvain, not having his paper ready, Prof. Comegys introduced the subject of *Diphtheria* for discussion, in which a large number of the members of the Academy—there being a very full attendance, notwithstanding the inclemency of the weather—participated.

Prof. C. stated that, within the last month or so, he had met with quite a number of cases of this disease in his practice. As met with by him, it was characterized by soreness of the throat, swelling of the uvula and tonsils, with deep ash-colored ulcerations on the latter—the ulcerations being more remarkable for their depth than the extent of surface they covered. In none of the cases was there any fever; indeed, he considered the disease quite distinguished for the very little arterial excitement manifested in it.

In many cases he had seen, the ulceration appeared to commence at first on one tonsil, and then to be communicated, as it were, to that of the opposite side by juxtaposition. In but few cases was the larynx affected, and then but slightly; in nearly all, however, the pharynx was more or less involved, and in a few instances the ulcerations were wholly confined to it.

The disease, he said, was frequently very insidious in its progress. The constitutional symptoms were often so very slight that he had known it to make very considerable progress before its invasion was suspected. In some cases, a little soreness of the throat, or slight difficulty in swallowing, was the only symptom complained of. He had now under treatment a young lady, some eighteen years of age, who had had the disease several days before she or her friends were aware of it. Previous to her attack, the mother and a little brother had been affected; the case of the former, however, was slight, yielding readily to common gargles. On examination, he found the whole throat inflamed; the uvula was swollen and dropsical, and at its extremity clubbed, and upon corresponding points of each of the tonsils there was a deep ash-colored ulceration. There were no constitutional symptoms whatever.

Previous to seeing her, she had been using for the slight soreness and difficulty in swallowing she experienced, a chlorine wash that he had prescribed for her brother. The case presenting rather a serious aspect, he made an immediate application of the solid nitrate of silver to the throat, cauterizing the ulcers freely, and ordered a wash consisting of a strong solution of the same in water. Afterwards he substituted the hyposulphite of soda, as recommended to him by Dr. Heighway. His internal treatment consisted in the administration of iron, beef tea, and wine whey. The throat symptoms are now improving.

At one time he collected some of the exudation from the tonsils and placed it under his microscope. He was, however, unable to discover any thing but simple pus cells, in which were some fibres of vegetable matter, which he thought probably might have been detached from his handkerchief while cleaning the instrument.

In some instances, he had known this disease to terminate acutely within twenty-four hours of its invasion, in slough. He

related the case of a little boy he had lately attended, who died of this complication within a few hours after his attack, and almost in the midst of his play.

The Professor related several other cases he had met with illustrative of the character of the disease, its insidious course, and often fatal termination when least expected. Among others, he mentioned the case of a young man affected with the disease in which the whole soft textures of the mouth and throat became covered with a grayish-white exudation of a sphacelated appearance. Indeed, so gangrenous in appearance were all the textures, that he and Dr. T. Wood, who was called in consultation, were inclined to think that gangrene had taken place. In a short time, however, this membrane became detached, disclosing the inflamed surface of the textures beneath. The patient died.

In his treatment, he was in the habit of applying topically caustics freely to the throat, as the nitrate of silver in substance, or a strong solution of it in water. Sometimes, when the ulcerations were deep and extensive, he touched them with strong nitric acid by means of a brush. In some cases he had employed with considerable benefit inhalations of tannic acid dissolved in sulphuric ether. This formula was—

R Tannic acid, fʒij.  
Sulph. ether, fʒj. M.

With this a cloth was wetted and placed in the mouth.

He based his internal treatment on general principles; always being careful to husband the strength of the patient. When indicated, he administered tonics and stimulants freely, as iron, bark, wine, etc., with nourishing diet.

Dr. Heighway said that Dr. Leidy had demonstrated by means of the microscope the identity of the exudation in diphtheria with that of the fungi of the yeast plant. Sulphurous acid is peculiarly destructive to it. On account of its very soon becoming posing when uncombined, it was used in the form of a solution of the hyposulphite of soda. Two drachms of tannin to one of glycerine applied by means of a probang had been found to be the best effects.

Dr. W. Judkins observed, that he thought much is often done by caustics. He, for his part, never employs anything but a gentle stimulant, in the form of a mild lotion, was

was necessary in their topical treatment. His favorite formula was eight grains of the iodide of zinc to an ounce of water.

The old maxim, "*ubi irritatio, ibi fluxus*," he believed was correct, and as caustics were undoubtedly irritants, their effects must be rather to excite inflammation than to subdue it. He had learned from observation, that when an eschar was removed from a cauterized ulcer, there would be disclosed beneath an ulcer larger than the first. If, then, cauterization be the rule, it must be done again and again, and he could not see when it was to terminate.

Dr. Bonner, Sr., following in some remarks, said that he could not agree with Dr. Judkins in his views of the effects of cauteries. He himself did not consider them irritants, nor could he understand how they could act as such. The action of nitrate of silver, one of the so-called cauteries, upon an ulcer, according to his experience, was not to irritate it or *burn* it, but, besides stimulating it to healthy action, to coagulate the pus and other secretions, so as to form a scab under which granulations might spring up.

Further, he remarked, he believed that many of the cases of sore throat now prevailing, were improperly called diphtheria; that many of them, if not the majority, were nothing more than the ordinary affections produced by cold. He was rather inclined to think that the *European trips* of some of the professional brethren had made them somewhat dissatisfied with such old names as quinsy.

The Dr. related several cases in his practice of throat affections, one of them a woman that was attacked immediately after confinement that yielded to common astringent and stimulating gargles, which he thought probably many would have considered cases of diphtheria. He himself however, could not see any thing more peculiar in them than in the sore throats of *old times*.

Prof. Comegys said that he explained the beneficial action of cauteries upon ulcerations by their substituting an inflammation of their own in place of the diseased one. He did not think an increase of inflammation followed their use—rather a change in character.

Dr. White reported several cases of the disease he had met with. He treated them successfully with iron, chlorate of potash, and astringent gargles. In several of them the external glands were much swollen; in one case particularly the whole



of the glands beneath the jaw were so much swollen as almost to prevent the slightest opening of the mouth. All external applications that he employed in the form of liniments, tincture of iodine, poultice, etc., appeared to be of little or no benefit.

Prof. Mendenhall stated that in such cases he had frequently derived considerable benefit from the application of tincture of iodine and poultices of slippery-elm bark.

Prof. M. reported a case of croup that supervened upon an attack of diphtheria. The remedies usually employed in that disease were used—the patient recovering.

Dr. Stevens stated that he had recently received a letter from a very intelligent medical gentleman near Pomeroy in this State, detailing the symptoms of an epidemic prevailing in that vicinity, which from the features described was undoubtedly diphtheria. One marked peculiarity of the epidemic described was a loss of strength and power of locomotion attendant upon a large proportion of the cases, after recovery from the acute symptoms. Dr. S. said that he had observed accounts of this same sequel to diphtheria related in some of the medical journals of the day, and inquired if the gentlemen present had observed such results in any of the cases which they had treated.

*Singular specimen of Hypertrophied Heart, with Opening between the Auricles.*—Dr. E. B. Stevens presented a hypertrophied heart to the Academy, with interesting pathological features. Dr. S. remarked that he was not familiar with the history of this case, but had learned that the man was admitted to the medical wards of the Commercial Hospital, during the month of October, to be treated for dysenteric symptoms. After his recovery, he was found to have very remarkable heart murmurs, amounting indeed to unusual rushing and blowing sounds. He remained in the hospital until his death, which seemed to be the result of the heart affection. The case previous to death was supposed to involve a diseased condition of the mitral and tricuspid valves.

An examination of the specimen now presented, however, reveals an unexpected state of the organ. It will be observed that the entire heart is to a considerable extent hypertrophied—the walls are all thickened, but the valves present a perfectly healthy appearance. Connecting the two auricular cavities, however, you perceive an opening through which you may thrust the finger. At first view, the impression is that the opening is a congenital

remaining *foramen ovale*—but, on more careful inspection, you may observe a faint outline of the *fossa ovalis* above the opening; and you further notice the opening is almost on a line with the auriculo-ventricular openings, and is *below* the line of the Eustachian valve.

We have no means afforded in the history of this case to account for this malformation—whether it was congenital or the result of disease. So far as is known, this man never had any symptoms of cerulean disease, or cyanosis.

#### MISCELLANEOUS BUSINESS.

Dr. McIlvain, the chairman of the committee that was appointed at the last meeting to procure a hall for the use of the Academy, reported that two eligible halls had been offered them—one a lecture room in the Dental College, another the principal lecture room in the Mechanics' Institute. The first could be obtained a year by putting in the necessary fittings for lighting it with gas; the second could be had at a rent of sixty dollars per annum, with service of janitor. After considerable discussion, a motion was carried to empower the committee to procure a hall at an expense not to exceed sixty dollars per annum.

The committee on admissions reporting favorable to the application of Dr. S. P. Bonner, he was on ballot unanimously elected. On motion, adjourned.

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[From the Medical and Surgical Reporter.]

*Proceedings of the Philadelphia County Medical Society.* Held October 12, 1859. Reported by W. B. ATKINSON, M.D. Dr. Coates presiding.

#### Subject for discussion—PATHOLOGY AND TREATMENT OF TUBERCULOSIS.

*Dr. Woodward's Paper.*—In opening the discussion, Dr. Woodward disclaimed any intention of bringing novel facts or doctrines before the Society. A résumé of the literature of the subject was out of the question in the time allotted, and he proposed, therefore, to limit himself strictly to such introductory remarks as might serve to indicate some of the prominent points as to which the opinions of investigators were most divided, and thus to pave the way to the subsequent debate.

The first point commented upon was the relation between scrof-

abscess and tuberculous. Various distinctions had been attempted even by some modern writers, but the majority of investigators regarded the two conditions as identical, and used the terms synonymously.

Attention was next called to the diversities of opinion as to the anatomical significance of tubercle. Some looked on it as a pathological new formation, others as a pathological transformation.

By some of those who considered it a new formation, it was thought to be a heterologous tissue characterized by a specific element the tubercle corpuscle. By others, the new formation was regarded as homologous, and the tubercle corpuscles were believed to be simply aborted nuclei.

The notion that tubercle was merely a pathological transformation of preëxisting textures, had recently been revived by such investigators as Vander Kolk, Virchow and Paget, by whom the tubercle corpuscles were regarded as derived from the multiplication of the nuclei of the preëxisting textures, from those of the epithelium of the air vesicles in the lungs, from those of the cells of the peritoneum in the lymphatic glands, etc.

Differences of opinion also existed as to the peculiar confirmation of chest characteristic of the tuberculous tendency. The ordinary idea of a diminutive chest was contrasted with the doctrine of Hektoensky, that tuberculous patients have very voluminous lungs, and that any deficiency in antero-posterior diameter in thin chests was more than compensated for by the greater length from above downward.

Opinions were also diverse as to the curability of tuberculous disease, especially when its seat was in the lung. In this connection the opinion was expressed that errors were often made by the inexperienced, who mistook various pathological lesions for cicatrices of the lungs. A case was given, in illustration, in which a mass of grey tubercle, undergoing the degeneration called calcification, had been supposed by several observers to be a cicatrix. In either case, the cornifying tubercle or the cicatrix would indicate a reparative process, but in the first instance before, in the second after, the formation of a cavity. True cicatrices, however, were highly probable, though perhaps rarer than was supposed.

The last anatomical point commented upon was the possible coëxistence of tubercle with cancer.

An illustration of the differences of opinion existing as to treatment, the diverse notions as to the proper hygienic management was commented upon, and a brief account given of the contradictory views entertained as to the efficacy of alcohol, the hypophosphites, cod-liver oil, etc.

The speaker concluded by making a few remarks on the objects and advantages of medical discussions.

Dr. Coates (having called Dr. Nebinger, V. P., to the chair,) said, that it required much labor and time and many coöperators to make a little solid improvement in this branch of medical science.

As an initiative difficulty, (he remarked he had gained his information principally from Beale and Stanfield Jones,) the great complexity of the matters expectorated: atmospheric dust and articles floating in it, fibres of pine wood from the floor, had been identified; the particles of metal inhaled by cutlers at Sheffield had a formidable importance; then followed minute portions of food of various kinds, funguses from the great papillæ at the base of the tongue, and from the tartar of the teeth, epithelium scales, etc. It was abundantly evident that to achieve an accurate judgment on these points required extended study and practice, and these were hard to supply by men engaged in the actual service of mankind by practice. This did not diminish the obligation under which we lay to those gentlemen who did prosecute it, for which they were entitled to our warmest thanks.

Before going into the subject, he thought it necessary to obviate a confusion of ideas, not uncommon among us. The tuberculous crasis temperament was often confounded with the temperament of weak lungs. So predominant in importance was the presence of tubercles in the lungs, that this oversight was excusable. He would define the temperament of weak lungs as indicating an imperfect proportional development of these organs, and as indicated by a slender, lanky, tall form, excessive rapidity of growth in height, thinness, a long neck, the absence of the usual conical aspect of the thorax, long, thin fingers, with clubbed extremities, etc. The other unhappily familiar characters of the tubercular temperament—by bulky cellular membrane, absorbents and glands, smaller heart and arteries and muscular frame, thinner transparent chorium of the skin, showing the red vessels more conspicu-

and it was said a thick upper lip, a protrusive and bulky abdomen, light complexion, eyes, hair, etc.,—are, in some important part of appearance, the reverse of the former. The conical form of the chest was liable to a deception. It was caused by the size of the muscles and bones of the shoulders, while the real conicity of the cavity of the thorax was in the opposite direction, and widest at the bottom.

With regard to the question whether tubercles were formed of a structure essentially different from the elements of other parts of the body, he spoke with diffidence, as not being in the habit of using the microscope; but he thought it had been proved very fairly by Müller, twelve or fifteen years ago, that neither tubercle, nor even cancer, was formed of any essentially distinct cells or other elementary parts not found in the healthy body. He was, therefore, a homologist, convinced by this observer; he yet begged to ask of the lecturer the state of microscopic opinion on this very curious point.

He deemed tubercle an unorganized deposit, and totally devoid in itself of any structure, even the cellular. The evidence presented appeared to him to demonstrate this: not to lean upon the quoted and so highly and justly revered authority of Rokitansky. The tubercular molecules were not cells of any kind, but irregular masses of coherent granules, without coating or regular form.

While on the subject, he would ask whether tubercles were not found in the bronchial glands. This question had arisen in a case of some importance. Dr. C. had found the joint of the first and second bones of the sternum projecting almost sufficiently to form a right angle, and the adjacent parts of the sternum to present a perfectly flat sound on percussion—a phenomena which he had never witnessed in any other case, and the nearest approach to which, in his experience, had been from large aneurism. The patient was an iron master, and exposed to the fumes of the roasted ore. This is said sometimes to contain arsenic. The swelling had been known for only five or six weeks, and a frightful loss of flesh had taken place. Dr. C. had decided on the presence of a tumor in the bronchial glands, and thought it was most probably tubercular. A friend in consultation decided the presumption to be in favor of cancer. It ultimately appeared to be soft cancer,

from the frightful rapidity with which it grew, penetrating lungs and liver, and protruding at the right side in about two months and a half, when death took place. There was no dissection.

In this case the belief was expressed that tubercles of these glands had never been observed in adults; while Dr. C. thought they had, but has been unable since to find a plate or other authority for this occurrence.

Concerning exercise, he had a fixed opinion. It is rare not to have other secondary and inflammatory diseases along with tuberculosis of the lungs. Hence violent exercise would be decidedly disadvantageous.

In cases where there was an imperfect closure of the foramen ovale, it had been alleged, on the authority of Rokitansky, that tuberculosis was decidedly less frequent. In this and other ways, it was stated, as the opinion of that authority, that to have a portion of venous blood in the arteries appeared to act as a preventive against the disease. This confirms the opinion that we should oppose too free exercise, as the blood will be, by its use, too much oxygenized. Those patients whose occupations cause them to use exercise vehemently, are not found to prosper so much as those who make less exertion, though still using motion and frequenting the open air. Members will recollect the great praise given by Sydenham to riding on horse-back in consumption, and his expression that he hoped the day would come when the disease would be as regularly cured by that remedy as intermittent fever by bark. Dr. C. had seen a physician, on a cold, wintry and rainy day, out before day-break to attend an obstetric case, though at that time suffering under tubercular consumption, and evidently near his end. He had the idea that, by thus "roughing it," he stood a better chance of recovery. He died in a short time after. Again, Dr. C. attended a case for the late Dr. Randolph, a man sinking fast with consumption, who repeatedly took carriage drives, sometimes of eight miles, with this extravagant notion of "roughing it." The exhaustion after each of these exertions was excessive, the patient being scarcely able to speak or lift his hand. The end may easily be predicted; it was about three weeks distant.

On another point, Dr. Coates believed that there was a change of opinion among our chemical pathologists. About fifteen years

ago, it was common to read that tubercular matter was albuminous; and philosophers, as Canstatt, considered this a less developed stage of animal matter than that which contained more fibrine. Now, he finds Rokitansky quoted as believing that they contain an excessive share of fibrine.

This proposition is one of considerable importance. If tubercle be a less developed state of matter, it is an argument in favor of accelerating the action of oxygen on the blood, to promote its further changes; and if the morbid matter contain too much highly developed matter, it is to be inferred that we should moderate the same process. It is uniting the theory regarding venous blood, and alleged fibrinous and higher development of tubercle, as cited from Professor Rokitansky, with older science—to refer to the alleged temporary successes of Beddoes, in causing patients to inhale air containing a larger share of carbonic acid than the atmosphere possesses, so as to retard the wasting of the body. This view is also strongly favored by the alleged benefit derived from living over cow-stables. The “sweet breath of the cows,” as it is poetically called, furnished an additional supply of carbonic acid; while ammonia, though present, is not produced in the large quantities which occur in horse-stables. The usefulness of animal oils, given to consume a large part of the oxygen of respiration, is another confirmation; the intention being to prevent the nitrogenous matter from being decomposed too rapidly.

Alcohol he was opposed to, when avoidable, on account of the almost universal injury done by it; but he would not assume the responsibility of saying that it might not be made of use. In opposition to its employment, however, he related that he had seen, in a large hospital experience, bad effects resulting where the “brown mixture,” compounded with *vinum antimonii*, mucilages and an opiate, was rendered very decidedly less useful to consumptive patients, when the *tinct. opii* had been replaced, for convenience, by *tinct. opii camphorata*. This had been done by apothecaries, for the convenience of keeping a large quantity made at once; the larger proportion of alcohol preventing fermentation. Dr. Coates believed that the alcohol of this, and perhaps the camphor and benzoin, were very materially injurious to the bronchitis and other acute inflammatory affections which occur in advanced consumption. The bronchitis, as is well known, is acute during

a great part of the time ; and it is often the immediate cause of death.

It had been said that there were no diseases for which there were so many certain cures announced as for those which were incurable. This is very strongly exemplified in consumption. As a lively example of this, John Wesley, the founder of the Methodist body, in a little work entitled "*Primitive Physick*," in which he denounces the claims of medicine to benefit from various sciences as an imposture, and reduces it altogether to the simple aphorism that "such a medicine cures such a disease," gives a very large number of cures and certain cures for consumption ; to many of which he appends the epithet "tried," meaning by himself or by friends in whom he could repose confidence. Among these one was, to rise early every morning, turn up a sod of grass with the spade, and inhale the air within the cavity, for several minutes ; all before breakfast. Another was to swallow an ounce of quick-silver every morning, fasting. ●

The treatment of consumption is, in fact, a mixed question. So much depends upon the preservation of the strength, and of the power of digestion, and upon the avoidance and palliation of intercurrent diseases ; that, very commonly, the cases which these objects require are of more consequence than the use of any single medicine, or even systematic combination of them.

Dr. Condie remarked, that for several years past he had studied with some considerable degree of care the subject of tuberculosis. Notwithstanding all that has been written in respect to the causation, nature, and treatment of the disease ; the clinical observations that have been recorded to throw light upon its history and diagnosis, and the large amount of facts that have been contributed in illustration of its pathological anatomy—the subject is one of which it is still strictly true that we are in possession of but very little positive knowledge.

It is only of late years that any successful attempt has been made to study tuberculosis by itself—independently, as far as it can be, from the intercurrent and accidental lesions and morbid phenomena with which it is most commonly associated.

Pulmonary consumption as it presents itself in daily practice is too often taken as the type of simple tuberculosis. Little, if any, care being taken to distinguish what, in each case, is actually due



to the deposition of tubercular matter alone, from that which is the result of an accidental phlegmasia of the respiratory mucous membrane, or of the substance of the lungs, or of both morbid conditions combined.

Dr. C. stated, that his study of tuberculosis had not been confined simply to an analysis and collation of the facts recorded by the leading writers on the disease, combined with careful and repeated clinical observations, cautious post-mortem examinations, with the naked eye, of tuberculosed tissues, but he had also endeavored to detect by the aid of the microscope the nature of the tuberculous deposit, and the pathological relations existing between it and the tissues with which it is in contact. Upon his microscopical labors Dr. C. would place, however, very limited importance. To obtain accurate results from microscopic investigations requires greater skill and larger opportunities for their prosecution than he could well lay claim to. The conclusions which he had arrived at from his own microscopical observations compared with those of others, are, first, that scrofulosis and tuberculosis are identical in their nature, the difference between the local and general symptoms presented in the two resulting altogether from the difference in the physiological importance, the anatomical structure, and the location of the parts in which the disease is seated; and secondly, that tuberculosis is the result of a vice of nutrition, and probably of a morbid condition of the blood crasis—there being, in consequence, a formation of cells so deficient in vitality as to be incapable of undergoing the regular development and changes necessary for the normal growth and renewal of the tissues. Tubercular matter has always presented to Dr. C., previously at least to its having undergone any decided softening, the appearance of an amorphous granular mass, intermixed with aborted cells, in different stages of development, with more or less earthy matter, and fragments of apparently the broken up tissues of the organ in which the tuberculization has occurred.

It was hardly necessary, Dr. C. remarked, nor would the time at his disposal on that occasion permit him, to enter into an exposition of the reasons that had induced him to reject the view which includes tuberculous depositions among the heterologous morbid formations.

Upon the causes productive of the defective nutrition and abnor-

mal condition of the blood, upon which it is presumed that the formation of tubercles depend, Dr. C. would say a word or two. Upon the etiology of tuberculosis; the gentleman who opened the discussion did not touch in the very admirable sketch he had presented to us of some of the leading points connected with the pathology of the disease. It is a subject, however, which Dr. C. held to be of equal importance with the histological and microscopical investigation of tubercle, as a foundation for a correct and certain prophylaxis and treatment. Like everything else, however, connected with the subject of tuberculosis, it has, until very lately, been involved in the deepest obscurity, and opinions the most opposite to those which recent investigations have shown to bear the nearest likeness to truth, have been entertained and confidently taught in respect to it.

Tuberculosis is found to be confined to no age, sex, or condition in life; and to pervade alike all countries, under every variety of climate. By recent statistics, it has been shown, however, that one form of tubercular disease—that of the lungs—is of much more rare occurrence in a cold, dry, equable climate, than in any other; that consumption is scarcely known among the permanent inhabitants of such climate, while even those strongly predisposed to the disease are said to have their predisposition eradicated by a residence within it.

The more immediate causes of tuberculosis would seem to be the slow and continued action upon the system of circumstances and conditions which are calculated to disturb digestion, impair hæmatisation, and impair the nutritive functions generally: such as a diet deficient in quantity or in its nutritive properties; sedentary occupations, carried on in damp, chilly rooms, or in over-heated, illy-ventilated and crowded apartments; want of sufficient sleep; exclusion from the light of the sun; the depressing passions and emotions. It has been objected to the foregoing list of causes, that the younger members—especially the females—of the more opulent and “well to do” classes of the community are well known to be among the most frequent of the victims of the pulmonary tuberculosis. But it has been said by a witty writer, and without much exaggeration, that were a careful comparison to be made of the pursuits, manner of living, and actual comforts of the fashionable young lady and gentleman, and the poor seamstress and

tailor and shoemaker, there would be found a closer affinity between them than many would suspect: the privations which the latter are forced by necessity to endure, in respect to sufficient clothing, pure air, solar light, food, sleep, cheerfulness, exercise, etc., being voluntarily encountered by the former as the necessary concomitants of elegance and fashion.

The increased prevalence of tubercular diseases has, in this country, at least, kept pace with the increase of wealth and luxurious living—with the increase of civilization, in the popular sense of the term. It is a notorious fact, that formerly these diseases were of rare occurrence, even in our large cities, and almost unknown among our rural and agricultural populations; but now they prevail to a fearful extent everywhere—even in the families of our rich farmers, where the worst features of the fashionable and luxurious habits of the opulent citizen are, in these modern times, constantly aped.

Among all these causes, it has appeared to Dr. C. that the one most essential to the development of tuberculosis is the want of sufficient and regular muscular exercise, and the consequent sluggish movement of the blood through the vessels—the deficient hæmatisation, and the slow and imperfect metamorphosis of all the tissues. It is unquestionable, he remarked, that of all classes, those among which are found to occur the greatest number of victims to tuberculosis are the sedentary, the indolent, the eminently luxurious; while those classes in which tuberculosis the least frequently occurs are those the members of which are engaged daily in such active occupations as call into full and equal play the whole of their voluntary muscles.

It is proper to remark, that an individual may be exposed, and almost continually, to all of the causes enumerated above as those productive of tuberculosis, and which they do unquestionably prove to be, in perhaps the majority of instances, and nevertheless the individual thus exposed may remain throughout life without the disposition of a single tubercle in any organ or tissue of his body. We are led, therefore, to the conclusion that there is a peculiar condition or dyscrasy of system possessed by certain individuals, that renders them predisposed to tuberculosis under the influence of morbid causes, which, without the existence of such predisposition, would not give rise to any affection of a tubercular

character. In what this dyscrasy or predisposition consists, it is very difficult, if not impossible, in the present state of our knowledge, accurately to define, nor is it always easy to describe the signs by which it is indicated. Most commonly, it is true, the individual in whom it exists presents all those features which have been so often and so graphically described as indicative of the strumous or scrofulous diathesis. In numerous cases, however, such is not the case. Individuals apparently of well developed frames, and of healthy and even robust constitutions, have, after the occurrence of what they persist in viewing as a trifling cold, been hurried to their graves by pulmonary tuberculization, a predisposition to which, even, had not been suspected.

Though, in perhaps the majority of instances of tuberculosis, the predisposition to the disease is unquestionably congenital, it is nevertheless true that it may be developed in those in whom no such predisposition can be detected. Two striking cases of tubercular consumption have fallen under his notice, both of which occurred in families where, for several generations back, it was well known that no member of them had been affected with any form of tubercular disease; and during the period which had elapsed since the demise of the two consumptives—in one of the cases twenty-five, and in the other upwards of twenty-seven years—among the several deaths that have occurred in these families, not one has been attributable to tubercle.

It is generally stated that workers in woolen factories, the filers and dry grinders of metals, the cutters and carvers in stone, are classes eminently predisposed to tubercular disease. There can be no doubt that these several occupations, and a variety of others, which expose those engaged in them to the inhalation of an atmosphere loaded with fine particles of various kinds, act most injuriously upon the respiratory organs, especially in such as are predisposed to pulmonary tuberculosis. It is a well known fact, however, that many who engage in certain of the occupations alluded to, suffer from cough, difficulty of respiration, expectoration, local irritations of the lungs, and the general symptoms of phthisis, without these symptoms being dependent upon the deposit of tubercle in the lungs or any other organ or tissue of the body; the whole of the mischief, in these cases, being due to the retention in the air cells or minute bronchial ramifications of the

lungs, of minute particles of cotton, wool, metal or stone, which act there as constant promoters of irritation.

In the study of tuberculosis, the fact is too apt to be overlooked, that the cases which usually present themselves of the presence of tubercles in one or other of the tissues or organs, instead of being simple cases of tuberculosis, are rather cases of tubercular deposit complicated with certain other morbid states, which, though they may be essentially modified by the tuberculous condition of the patient, have no direct relation to that condition, either as cause or effect. Tubercle may be deposited to a considerable extent without the production at first of any very decided general symptoms of disease, and with much less disturbance of the organ in which they are seated than would be supposed possible. In one of the lungs there may be deposited a considerable mass of tuberculous matter, which may proceed slowly on to complete softening without the occurrence of any symptoms to excite serious alarm in the patient or his friends. It is in these uncomplicated cases of pulmonary tuberculosis, Dr. C. was persuaded, that most frequently takes place an arrest, for a time at least, of the lung affection, from the contents of the vomica, formed by the softening of the tuberculous matter, deposited in the lungs, being discharged externally, through an opening formed between the cavity of the vomica and one of the bronchial tubes.

The leading symptoms described in the books as those proper to tuberculous disease of certain tissues and organs, are the result rather of some intercurrent phlegmasia. Thus the major portion of those cases of pulmonary disease which occur in this climate, and are described as tubercular phthisis, are cases not of simple tuberculosis of the lungs, but of bronchitis or pneumonia occurring in patients in whose lungs a deposit of tubercular matter has taken place. They are, strictly speaking, phlegmasiæ of the lungs complicated with and modified by the presence of tubercles. And, if it be proper, as Dr. C. supposed no one would deny, to denominate the sub-acute inflammation which takes place in the meninges of the brain, or in the serous membranes of the thorax and abdomen, in conjunction with tuberculosis of these parts, tubercular meningitis, or pleuritis, or peritonitis, as the case may be, it would seem to him to be equally proper to denominate the inflammatory affections of the mucous membrane of the respiratory

tubes or of the substance of the lungs when complicated with the presence of tubercles, tubercular bronchitis or pneumonia. Such terminology would, at least, indicate with greater precision the true nature of the disease than that now in use.

[Continued in our next number.]

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### Editorial Translations.

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1. M. Gosselin communicated to the Surgical Society of Paris, at its meeting of Sept. 7th, the history of a case of salivary fistula connected with the duct of Steno. He cured the patient by making the operation of Deguise, Sr., with the important modification of Beclard. Some members of the Society desired to know if M. Gosselin had received late news from the patient. He stated that the cure still continued, and that the patient was going on well. The following history of the case and operation was given by M. Gosselin: "The fistula, consecutive to the ablation of a tumor, had existed for five or six months, giving passage to the flow of an enormous quantity of saliva during mastication. It had resisted the employment of divers means.

"About the first of last June, M. Gosselin practiced on the cheek with a trocar two oblique perforations, meeting exteriorly at the level of the fistulous wound, separating, on the contrary, from each other on the buccal face. These two openings received the extremities of an iron wire, which, reaching into the mouth and engaged in a *serre-nœud*, permitted the practising of *ecrasement linéaire* and the section of the bridge between the two internal orifices. This section was completed at the end of an hour at most. The cutaneous wound contracted gradually, and the saliva ceased to escape through the cheek. At the end of ten days, in consequence of a meal, it reappeared in small quantity. It was thought the internal opening had cicatrized too rapidly, when the adhesences which had already formed were destroyed with a sound.

"The salivary fluid again flowed into the mouth. Later the same accident occurred. Then, to prevent it more surely, a convoluted sound was passed into the internal wound every morning for two

days. Twenty days after the operation, the external wound was cicatrized, and the natural course of the saliva was reëstablished. The patient returned home. Up to the 30th October, when the last news was received from him, the cure remained perfect."

2. At a meeting of the Imperial Academy of Medicine, Oct. 15, M. Piorry commenced the reading of a memoir "On the Curability and the Treatment of Pulmonary Phthisis and Tubercle." He did not, however, finish.

"Is the symptomatic collection to which authors give the name of *pulmonary phthisis* susceptible of cure? This question must be answered affirmatively. But in our day it is not a question of stating whether *phthisis*, considered as a disease, may be cured, but of determining if tubercles, having their seat in the lungs, are susceptible of being removed; or at least of becoming inoffensive; it is in this point of view that I shall consider the question. For a long time tubercles have been considered incurable. It is our illustrious Laennec who first established the possibility of their cure. I have published numerous observations which put this opinion beyond a doubt. Besides, we have every day examples of cure of certain organs attacked with tubercles, (lymphatic ganglions, vertebra, articulations, testicles, etc.)"

After having established the curability of tubercles, M. Piorry examined the series of means of treatment which rational medicine must oppose to the accidents united under the name of pulmonary phthisis.

"Before all," said he, "the regimen must be regarded as the preservative, palliative and curative means *par excellence*. The first indication, in order to combat the tuberculous state, is to nourish the patients. The alimentation ought to be rich and abundant so long as the ingested articles do not produce diarrhœa, which may weaken more than the food can repair. In order to reconstitute the blood, to remedy its discoloration or loss of globules, the least irritating ferruginous preparations must be given—as, for example, the iron by hydrogen—save in cases of hæmorrhage or mucous diarrhœa. The second indication is to evacuate the fluids which may obliterate the bronchiæ. For this purpose we administer tartar emetic and syrup ipecac. There are still two simple means which have been of extreme utility for

several of my patients : the first is the inhalation of the vapor of the infusion of the elder tree, or the flowers of mallow ; the other consists in provoking *slowly a very profound or deep inspiration*, which is to be followed *by a very quick, energetic expiration*. This should be so managed by the patient, that the air passing out should carry before it the liquids contained in the air passages. The first of these means moistens and softens the too thick sputa, and the second provokes its expulsion. Another pressing indication is to prevent the putrefaction of the secretions in the tuberculous cavities, and to prevent the absorption of the pus or pyoid matter which accumulates in them. It is these matters which, penetrating the circulation, produce hectic fever, night sweats and the rapid weakening of the patient. It is to prevent these accidents that it is so necessary to make the patient expectorate, as has been already said. To prevent the putrefaction of the secretions, the inhaling of the vapors of alcohol are agents of the first order. The putrefied secretions, not only in relation to their absorption, but numerous facts have led me to believe that they produce, by their presence on the gastro-intestinal membrane, diarrhoea, softening, and even ulcerations : it is then extremely useful, in order to avoid tubercular inflammations, that the secretions should be expectorated and by no means swallowed. I have seen diarrhoea arrested when they have avoided the deglutition of expectorated tuberculous matter. It is of the greatest importance to arrest the evacuations from the bowels and skin, which so much weaken consumptives ; but there are extreme difficulties in fulfilling this indication. The only means truly efficacious are, the washing out the large intestine with water by the aid of the irrigator of Equisier ; of preventing, as has been already said, the deglutition of the expectorated matter ; of preventing the altered pus from remaining in the cavities and thus causing pyemia, which is soon followed by diarrhoea ; of giving but small quantity of drinks, and of choosing among the aliments those which—as albumen, etc.—do not cause, in general, very liquid stools. Milk for consumptives is an excellent article of food. It does not cause diarrhoea, if care is taken to reduce it one-fourth by prolonged boiling. As to the sweats, the best means of lessening or combatting them is to see that the patient is not covered with heavy clothes, and that he breathes a pure air, frequently renewed



and properly warmed. Is there any medication which can act usefully on the indurated masses in the divers degrees which surround or repair tubercles? Some thousands of facts collected in the wards of La Pitié and Charité permit me to solve this question. It is no longer doubtful that the preparations of iodine, administered in fumigations, potions or frictions, etc., do modify very advantageously the destructive process of tuberculization. Under the influence of the iodine medication, combined with profound and reiterated inspirations, I have seen tuberculous indurations diminish in extent, the symptoms of the disease amend very sensibly, the appetite return, the action of the heart increase in force, and the adipose tissue increase. I have seen this relief persist for months and years in certain cases. But it must be avowed that the number of radical cures is very small, and I can only recall a dozen of veritable solid cures. Some persons have opposed the iodine medication in the treatment of phthisis: this is evidently owing to the fact that this precious remedy has not been employed by them in the most advantageous manner. Some have attributed to iodine the production of inflammation of the mucous membrane of the nares, pharyngitis, etc., softening of the tubercles, and the hastening of the fatal end; analogues to those of phthisis, which cease if we stop the remedy. I fear that some may have confounded, from an incomplete diagnosis, the effects of some accidental or secondary complication—such as a pleuritis—with the phenomena the results of the employment of iodine. I have followed my patients with great attention; they have been numerous, and I have never witnessed any such results."

3. At a meeting of the Academy of Sciences, August 29, M. L. Vella, of Turin, sent in a paper, entitled, "The Employment of Curare (Woorara) in the Treatment of Tetanus." The paper was read, and has given rise to much discussion and experimenting.

"Starting with the experiments made by M. Cl. Bernard since 1850, and with results which had been obtained with curare, which he had shown as a paralytic agent on the motor nervous system, I undertook, in the month of December, 1856, with my friends Professors Ercolani and Tommasi, a long series of experiments, which I have communicated to the Biological Society of Turin. The results of these experiments may be summed up in

saying that I have verified the antagonistic physiological action on the nervous system which exists between curare and strychnia; and that I have been able, in animals, in acting with the necessary precaution, to neutralize the poisonous effects of the two substances the one by the other. This being understood, and having observed several cases of tetanus in the French military hospital of Turin (where I was the physician treating the first division of the wounded), and in which the employment of opiates, ether, etc., had failed, the idea struck me of instituting on man my experiments of 1856. The first trials were made on two individuals attacked with tetanus, the one for four days and the other for five, in consequence of wounds from firearms. They were semi-asphyxiated, and in a very desperate state. Even in this condition the application of curare produced a calm and a muscular relaxation, which relieved the patients a great deal. However, they were not saved. In the third case the result of my attempts was complete, and the patient was entirely cured.

“*History.*—The patient was a sergeant of the 44th regiment, named Alexis Thomas, 35 years of age, wounded June 4th, at the battle of Magenta, by a ball in the right foot, which produced an incomplete fracture of the first metatarsus, with laceration of the tendons and surrounding parts. The patient entered the hospital June 10th. The 15th, the ball was extracted. The 16th, slight stiffness of the muscles of the neck. The 18th, he was attacked with a well characterized *general tetanus*. In the afternoon I decided on the application of curare on the wound. The dose was 10 centigrammes in 40 grammes of water, but I carried, augmenting it successively, to one gramme in 80 grammes of water. After three-quarters of an hour, when the quantity of curare was larger, each application was followed by a diminution of the tetanic rigidity, and by a muscular relaxation so complete that the patient could immediately drink, take some soup, urinate, and sit up in his bed. When the action of curare was finished, the right leg (the one wounded) was always the first to manifest the tetanic struggles, which in the commencement had reappeared with all their violence. During the first three days of this extraordinary treatment, the absorption by the wound sufficed to produce the muscular relaxation and the general calm of which I have already spoken. After this time I found it necessary to place a blister on

the thigh, and the eighth day to repeat it before having a large absorbing surface. During four days, the dressings were renewed every three hours, followed every five hours, until the twelfth day, when I reduced them to three times, and even twice in the twenty-four hours. I remarked that the wounds of the foot and those from the blister did not suffer in any way from the application of the curare; on the contrary, their cicatrization went on rapidly. The curare, which, during the first eight days, succeeded constantly in lengthening the time between the paroxysms, in diminishing progressively the intensity, ended in causing them to cease entirely; and the 10th July the patient left his bed for the first time without experiencing any convulsive struggle. The 15th, he went out for an hour, and on the 25th he left the hospital cured, on his way home to France."

*M. Velpeau.*—Without contesting the interest of the fact which M. Bernard has just read in the paper of M. Vella, I believe it my duty to remark that it ought to be received with caution. Curare is an agent so active, a poison so dangerous, that before accepting it as a remedy it is important to have well observed its efficacy. It is true that tetanus is a very fearful disease, and so refractory to all known medications, that any treatment is permitted. It would be wrong, nevertheless, to regard it as absolutely mortal, even when it is acute and traumatic. Several patients have been cured with opium, ether, musk, camphor, cold water, and with chloroform, which does not prevent almost always a fatal termination, even when we treat it by these divers means. The author says that there were a great many cases of tetanus among the wounded of the Italian army. Now, I have it from several surgeons, from M. Larrey, the chief surgeon of that army, that there were on the contrary very few cases. Then, this tetanus which was arrested, reappeared, and was again arrested—that is to say, at pleasure—for near fifteen days, impresses me, I must confess, with some distrust. In the history of the three cases, two died after ordinary treatment, and the third was cured by the use of the *curare*. Well, I have had at La Charité, three cases of tetanus, also, during the years 1857–58. Two of my patients died, and the third was cured, as in the hospital at Turin. However, this one, a young girl upon whom I had operated for an enormous tumor in the neck, was not treated in any other way than the others,

and a great number which I have lost. It is these few cases of spontaneous and exceptional cure which have always given reputation to numerous remedies, praised until the present time, turn by turn, as efficacious remedies for tetanus, which, finally, have not saved tetanus from remaining almost constantly a mortal disease. In therapeutics especially, a single fact never permits us to conclude, and I see but one here; and as this single fact appears surrounded by various causes of error, I say that, without rejecting or explaining it, or drawing conclusions from it, it is prudent to await its confirmation.

*M. C. Bernard.*—I can reassure M. Velpeau in regard to his apprehensions relative to the danger which the employment of curare may present in the treatment of tetanus, all the experiments, extremely numerous, which have been made recently, in studying the physiological properties of this poison, have proved that curare has not so great activity that it should be excluded from therapeutics. As to the efficacy of curare in the treatment of the case of tetanus cited by M. Vella, I think it is very evident it was a case of well marked traumatic tetanus. The intermittency of the paroxysms, which M. Velpeau seems to think did not constitute it one of the gravest cases, is not a characteristic which belongs primitively to the disease, but, on the contrary, is a direct result of the application of the curare. In truth, each application of this substance has always caused the tetanic paroxysm to cease, and the phenomenon has been produced so often that it seems to me that we must exclude the idea of its being a pure coincidence. The curare in modifying the action of the motor nerves on the muscles, has quieted the tetanic muscular rigidity consecutive to a wound from firearms absolutely, as it has quieted also the tetanic muscular rigidity due to the action of strychnia. We must have certainly a greater number of facts to establish definitely the value of a new remedy. But I believe that this case of traumatic tetanus, treated with success by curare, is of so much interest as to engage all physicians and surgeons to try the same remedy.

*M. Serres.*—The report which M. Bernard has just presented on the employment of curare in the treatment of traumatic tetanus seems to me to be the beginning of a treatment for this very grave affection. The fact in the case establishes that this poison acts on

the motor nerves and makes them cease their action on the muscles. The case contains, certainly, several experiments in this connection; for each time that the tetanic spasm manifested itself, the employment of the *curare* caused it to yield in a manner as much more efficacious, as the intensity of the paroxysm decreased. As to the danger which M. Velpeau seems to fear from the use of such an active poison, we may with all assurance leave it to the prudence of physicians.

*M. J. Cloquet*—thinks that the case communicated by M. Bernard is very interesting, both in its physiological and therapeutical relations. He has employed, or seen employed, almost all the means reputed of value in controlling tetanus, and in more than fifty cases which have come under his observation, he does not remember a single case of cure. Whether tetanus is traumatic or the result of violent poisoning by strychnia or nux vomica, the symptoms and the results are the same. These symptoms denote a violent contraction, a remarkable rigidity, which may persist after death. We can conceive that a very active poison—for instance, *curare*—which produces effects contrary to those of strychnia on the nervous and muscular systems, a complete sideration of the muscles, may neutralize and cure the cause of tetanus. In the case of M. Bernard, we may follow, so to speak, step by step the salutary effects of the applications of *curare*, from the rapid appearance of the disease, and to each of its paroxysms, which were succeeded by divers intervals after the momentary disappearance of the accidents of the first invasion. Has the toxical action of *curare* been exaggerated? We know also that the action of remedies is different on man in health and disease.

M. Cloquet expressed the wish that the experiments should be renewed, and that the results of the first case should thus be confirmed or invalidated, and that the experiments should be made on animals in whom tetanus should be produced by the introduction of strychnia through wounds, and the tetanus should be treated by *curare*.

*M. Rayer*.—I must say that M. Velpeau has cited a very exceptional fact, in saying that in three cases of traumatic tetanus which he saw during the last year one terminated in a cure. In opposing this fact to that one which has been reported by M. Bernard, M. Velpeau may unintentionally lead unprofessional

persons to think that the proportion of one case of cure in every three cases of traumatic tetanus is not rare, and induce a doubt as to the efficacy of curare in the case reported by M. Vella. M. Velpeau knows better than any other person that the cases of cure of traumatic tetanus are excessively rare. I remember to have heard it said by Dupuytren, that in forty cases of traumatic tetanus, he could cite but a single one which did not die. If M. Velpeau had given the results of his entire practice, the happy experiment of M. Vella would have been better and more easily appreciated. It appears to me to merit the most serious attention of surgeons. As to the cures of tetanus which have been obtained by the aid of very different remedies—they are generally relative to cases of spontaneous tetanus, a disease a great deal less grave than traumatic tetanus.

*M. Jobert.*—The communication made by M. Bernard is worthy of serious consideration, for it is well demonstrated to me that the case of tetanus owes its cure to the use of the energetic poison, which merits the name of a medicine.

—On the 10th October, M. Flourens read a letter from Sir Benj. Brodie, calling the attention of the Academy of Science to the fact that the idea of treating tetanus by woorara (curare) had been proposed and even tried in England, fifty years ago. In 1811 and '12, he made some experiments tending to establish the possibility of resuscitating animals poisoned by woorara (curare); one of these experiments tried on an ass has been often cited. One of Sir B. Brodie's assistants, M. Sewall, struck with the muscular relaxation which characterized the poisoning, expressed the idea that the toxic agent could be put to profit in the treatment of tetanic convulsions. M. Brodie knows that the experiment was made, and that it did not succeed. He adds that, as for himself, one or two cases of cure of tetanus in subjects submitted to the action of curare proved nothing as to the value of the remedy, the disease, grave as it is, being cured in a certain number of cases, whatever may be the treatment employed—that is to say, independent of all medication.

—M. Chassaignac, the distinguished surgeon of the Hospital Laribossiere, reported a case to the Surgical Society, at its meeting of October 5th. The following is the history: This young man, 24 years of age, had the second toe carried away and the

root of the third broken by a gunshot. This accident took place September 1st. Fourteen days afterwards, the wound doing well, the patient was carried from Poissy to Montmartre, where he lived. The next day, 15th, the wound became very painful; acute pains manifested themselves equally in the temporo-maxillary region of the right side. The 17th, rigidity in the muscles of the face appeared, jaws and neck (frictions with chloroform relieved them, opium and musk internally.) On the 19th, trismus more marked, sardonic expression, violent contraction of the thoracic and abdominal muscles, deglutition very difficult, asphyxia very imminent. Drs. Andre and Taër wished to employ curare, but could not procure any.

In the afternoon of the 19th, M. Chassaignac, called in consultation, found the patient in the following state: palpebral opening reduced to a simple slit, nostrils very much dilated, considerable trismus; the mouth did not admit anything but a thin piece of wood, which was left between the teeth. The muscles of the neck, chest and abdomen are extremely hard; those of the extremities equally contracted; *Emprosthotonos* marked, threatened asphyxia, pale face, cold extremities; wound very painful, everted edges, pouring out an abundant and very foetid suppuration; no urine for twenty-four hours, bladder not distended. R ten centigrammes woorara; mucilage, 3iijss. To take a tablespoonful every hour. The wound to be washed every two hours with a solution of 20 centigrammes of woorara in 300 grammes of distilled water, and to be covered with charpie.

The first dose of the medicine was administered at 7 p. m. When the second dose was given at 8, the patient felt better, and breathed easier, and found his jaws less contracted.

The next day, the 30th, M. Chassaignac observed, near 10 o'clock, a marked improvement. Decubitus dorsal, face colored, moistness of skin, less trismus. On the 31st, the muscles a little distended, but in places only; the trismus persisted. For the rest, the rigidity disappeared and reappeared at intervals. From this time, the dose of the woorara applied to the wound was increased to 30, and then to forty centigrammes. Towards the 24th or 25th, fearing that the very rapid cicatrization of the wound would not allow a sufficient absorption of the remedy, the internal dose was increased to 15, and then to 20 centigrammes. The two

mixtures were taken in twenty-four hours. The improvement increased, although in an unequal manner. When the case was reported, there was still some trismus.—*Gazette Hebdomadaire*.

2. *The Value of some New Remedies lately introduced in the Treatment of Phthisis*.—Dr. Botini affirms that the hypophosphites of Dr. Churchill have not even relieved a single patient. The *phospholine* of M. Baud, extracted from the spinal marrow of animals, does not seem to possess any other value than as a nutritive, etc. Milk, iodized by *digestive assimilation*, is preferable to the most part of medicaments containing iodine or iodide of potassa. In view of this fact, Dr. Carmagnola puts forth some very just considerations, establishing clearly that there is little reason in demanding from a product of secretion, as from cow's milk, a medicine whose first action has been to alter the health of the animals, and even the nature of the milk furnished. It would be better to use the flesh of the cows, so as to have iodized soups and beefsteaks.—*Gaz. Medica Italiana: L' Union Méd. de la Gironde*.

3. *Santonine in Nervous Amaurosis*.—Dr. Gaet. Terzi states that he administered to a man 30 years of age, lymphatic, amaurotic, without any signs of ocular congestion, three grains of santonine daily during twenty-four days, dissipating little by little the mydriasis, bringing back the mobility of the iris and sensibility to light. Encouraged by this considerable improvement of his condition, the patient continued the santonine, which continued the cure. M. Terzi, remarking that santonine, from the fact of its insolubility in the acid liquids of the stomach, passes very largely into the intestines before being absorbed, proposes to substitute for it, when we wish to produce its rapid absorption and electric action on the eye, the perfectly soluble santionate of soda, while we should reserve santonine for those cases where we desire that it should pass into the intestines, so as it may destroy the *ascarides lumbricoides*, against which it is so often given.—*Gazetta degli Ospedali (di Genova): L' Union Médicale de la Gironde*.

4. *Iodohydrate of Ammonia in Constitutional Syphilis*.—Prof. Gamberini deduces the following conclusions from fourteen cases : 1. Iodide of ammonia and the iodohydrate of ammonia are indicated in the same cases of syphilitic diseases as the iodide of



potas ; 2. The treatment from the employment of this remedy in increasing doses from 10 to 80 centigrammes daily, in from 100 to 180 grammes of some liquid, has lasted from 14 to 35 days, averaging 21 days ; 3. A sensation of burning or heat in the throat and stomach of some patients forced us to suspend temporarily the iodide, as well as to lessen the dose ; 4. A liniment, composed of the same remedy, with olive oil, 15 centigrammes of the former and 30 centigrammes of the latter, has assisted in curing the osteocopic pains ; 5. Syphilitic accidents cured by iodide of ammonia have been cases of arthralgia, rheumatic neuralgia, periostosis, ganglionic enlargements of the groins and neck, and a papulo-vesicular eruption of the back.

The process of making this medicine is very simple. It is that of Ruspini, consisting in precipitating a solution of the iodide of iron by carbonate of ammonia, filtering the solution, which is then to be evaporated promptly, until a pellicle is formed, and then crystalize. This salt crystalizes in cubes, and is very soluble in water. Its taste is not very disagreeable, being a little more bitter than iodide of potas.—*Bolletino delle Scienza Medica : L'Union Médicale de la Gironde.*

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## Reviews and Notices.

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**A SYSTEM OF DENTAL SURGERY.** By JOHN TOMES, F.R.S., Dentist to the Dental Hospital of London, and to the Middlesex Hospital. With 207 illustrations. Philadelphia : Lindsay & Blakiston.

In cities, and in villages of any considerable size, practical dentistry is made a specialty. The diseases of the teeth, and of the parts subservient to them, the preservation of the integrity and utility of the former, and the final extraction of old offenders, when their infirmities render their presence of more trouble than profit, and of more pain than pleasure, are intrusted, under such circumstances, not to physicians, but to dentists. In the country it is different. The field of the physician's usefulness and labor widens as it is removed from cities and large towns. The country physician is expected to be not only a physician, pharmacist, surgeon, obstetrician, oculist, but a dentist also, and it is well for

him to be prepared to do what is expected of him with satisfaction to his patients and honor to himself. There is no physician but what will find it to his advantage and credit to be thoroughly posted in dental surgery, at least sufficiently so to understand and prescribe judiciously for the diseases of the teeth, gums, etc. Who that has suffered from odontalgia, but what could appreciate all that Burns says of this "hell o' a disease," and could realize that the mitigation of such suffering was worthy the study and the curative efforts of the physician? We know of no work better adapted to the wants of the physician than the one before us. In it "the diseases of the teeth, and of the parts subservient to them, together with the coincident maladies, have been treated of, so far as may be, in the natural order of their occurrence, and the structure and development of the tissues involved have been to some extent described before entering upon the diseases to which they are respectively liable."—Author's preface.

We do not propose to enter into a review of the work before us, but simply give such brief analysis as will give our readers some idea of the character of the work.

Part First is devoted to *teething*, and includes development of the jaws and teeth, eruption of temporary teeth, irregularity of temporary teeth, irregularity of position of teeth, eruption of permanent teeth, and irregularities of permanent teeth. This part occupies 262 pages, with just such information as every physician should acquire, and is illustrated with 116 appropriate and well executed wood-cut engravings.

Part Second is devoted to *dental tissues*, and includes a description of the tissues and the diseases to which they are subject, as caries, exostosis, necrosis, absorption of permanent teeth, diseases of the pulp, acute inflammation of the pulp, chronic inflammation of the pulp, inflammation of the alveolar periosteum, absorption of the alveoli, hypertrophy of the alveolar processes, and necrosis of the alveolar processes. This part includes 282 pages, and is accompanied with 61 illustrations. Under the head of *caries* and its treatment, the operation of *filling* is considered in all its minutia of detail. An idea of all the instruments used in this department of dental surgery is imparted by illustrations. We quote a passage or two, to give an idea of the author's style. "There is perhaps no other operation performed upon the human body which

is attended with the same unqualified success as that of filling teeth, for we not only succeed, in the great majority of cases, in arresting the further progress of disease, but we also replace the part which has been lost by an imperishable material, and render the organ as useful as it was prior to its becoming the subject of caries. It is, however, a great error to suppose that filling will, under all circumstances, permanently save the tooth, even in cases which, at the time the operation is performed, promise favorably."—p. 386.

All the various substances used for the purpose of filling teeth are enumerated, and the particular uses of each, and their respective merits, are considered. "In making a selection from these forms of temporary fillings, we must be guided by the objects to be attained. Supposing the tenderness of the tooth is the barrier which precluded the adoption of a metallic plug, the mixture of chalk and varnish will be found the most durable, and also the most agreeable to the patient."—p. 402. "A new compound for filling teeth has recently been produced. A mortar is formed by mixing oxide of zinc with a solution of chloride of zinc. The compound hardens very quickly to the density of good plaster of Paris, and must be introduced into the tooth without loss of time. Although cases have occurred in my own practice in which this filling has been unaltered after the lapse of six months, it can not, with our limited experience of its durability, as yet be regarded otherwise than as a temporary remedy."—p. 404. Of gold, he says: "There are several methods of using gold foil. In one, the leaf is cut in strips, which are afterwards folded into ribands of suitable length and breadth, or twisted loosely into ropes. The riband or the rope is introduced into the cavity by an instrument having a wedge-shaped extremity, in such a manner that each fold shall have one extremity resting on the bottom of the cavity, while the other projects slightly from its orifice. When we are unable to introduce any more foil, a sharp-cutting, wedge-shaped instrument is forced into the centre of the metal, which by the act of perforating presses the gold forcibly from the centre towards the circumference of the cavity. The hole thus produced is filled by folding in vertical layers a further quantity of riband or rope. The operation of perforating and refilling is repeated until the gold becomes so dense that the instrument can not be

made to enter."—p. 414. We have made the above quotations with the design of giving our readers an idea of the contents of the work before us, being certain ourselves that this part of Dr. Tomes' work is the best essay upon the subjects upon which it treats that has ever fallen under our observation.

Part Third is devoted to *diseases of the gums*, and embraces acute inflammation of the gums, tumors of the gums, polypus of the gums, vascular tumors of the gums, and hæmorrhage from the alveoli; also mechanical injuries of teeth, tartar or salivary calculus, diseases of the antrum, pivoting teeth, the operation of extraction; and the whole concludes with a few remarks on anæsthesia. Under the head of extraction, all the various instruments used in this department of dental surgery are represented by illustrations. Of anæsthesia by electricity, he says: "The passage of an electric current through a tooth about to be extracted has recently been proposed as a means of producing local anæsthesia. Many practitioners have been engaged in experiments with the view of determining the value of the new agent, but the results hitherto recorded have not been sufficiently uniform to warrant the conclusion that the electric current will be found generally available for producing local anæsthesia in dental operations. The electric current may, like the process of congelation, prove serviceable in exceptional cases only, and should it be found that the advantages which may result from the use of the one or the other must, in each instance, be determined by experiment, the great inconvenience attending the application of a freezing mixture, and the increased pain which is frequently produced by the electric current, will, after the excitement produced by novelty, induce the dental surgeon to abandon their use."—p. 668.

It will be seen from our analysis, that Dr. Tomes' work does not include in its scope *mechanical* dentistry, and consequently is just such a work as every physician should place in his library. The article on *the operation of extraction of teeth* is well worth the price of the whole work, to any physician who cares for the comfort of his tooth-aching patients.

The volume contains 686 octavo pages, bound in sheep, and is one of the best specimens of typographical art that has lately come from the medical press. o. c. g.

For sale by Robert Clarke & Co. Price \$3.50.

**A PRACTICAL TREATISE ON OPERATIVE DENTISTRY.** By J. TAFT, Professor of Operative Dentistry in the Ohio College of Dental Surgery. Philadelphia: Lindsay & Blakiston.

The above book is before us, and we have given it a somewhat careful perusal.

We are glad to see our sister profession—dentistry—taking her independent stand, and bringing out text books on her specialty. Dentistry is comparatively a modern science, and but few reliable works have been written on its various branches; and in those few were combined all of the old and exploded doctrines with the new and reliable ones. Therefore the student was liable to form many wrong conclusions as regards the science as it at present exists.

In the present volume, the author sets before the student the various operations of his specialty: practical dentistry as it is at present in the advanced stage of the profession. The different operations are nicely arranged and classified, and minute directions given, when to commence and how to proceed to the completion of every operation.

The work is embellished with drawings of the main and indispensable instruments used by the profession; so that the student will have a very correct idea of what will be necessary, by way of instruments, to commence his professional career.

Like all writers, the author may have some favorite and ultra notions as regards practice. Still, take the work in all its parts, we consider it very free from objections, and a reliable guide to the student. The work is brought out in Lindsay & Blakiston's best style—clear paper and beautiful typography; and is in every way well calculated to do honor to the profession.

H. R. S.

For sale by Robert Clarke & Co. Price \$2.75.

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**GUSTAV VON DUKEEN'S TREATISE ON MICROSCOPICAL DIAGNOSIS:** with 71 Engravings. Translated, with additions, by Professor LOUIS BAUER, M.D., M.R.C.S., Eng., etc. New York: John Wiley, 56 Walker street.

Dr. Bauer of Brooklyn, has done a good service to the profession in translating and editing this very complete little manual on microscopical diagnosis. It is a brief compend of almost everything that the student in this department of investigation will wish to find. It gives studies and microscopical illustrations of the skin, with its diseases; the blood, with its elements; milk, its con-

stituents and abnormal substances ; visceral evacuations, from the mouth, lungs, stomach, anus, urogenital organs, etc., etc.

The wood-cut illustrations are mostly very good ; and a few modest notes by the translator are additions to the value of the book. It is a book that was needed, and we heartily commend it to our readers.

For sale by Rickey, Mallory & Co.

**LECTURES ON SURGICAL PATHOLOGY :** Delivered at the Royal College of Surgeons of England. By JAMES PAGET, F.R.S., lately Professor of Anatomy and Surgery to the College ; Assistant Surgeon and Lecturer on Physiology at St. Bartholomew's Hospital. Second American Edition. Hypertrophy, Atrophy, Repair, Inflammation, Mortification, Specific Diseases and Tumors. Philadelphia : Blanchard & Lea. 1860.

The author of the work before us, the title of which is given above in full, held the office of Professor of Anatomy and Surgery to the Royal College of Surgeons during six years, from 1847 to 1852 ; and this volume is mainly prepared from the lectures on surgical pathology embraced in his course of instruction at that time.

Prof. Paget had previously been engaged in arranging, studying and classifying the pathological collections in the Museum of St. Bartholomew ; and this pathological museum appears to have afforded very rich and abundant means of illustration all through the course of lectures, for we find constant references to specimens there collected. Indeed, it appears to have been a leading object to bring the Museum under constant tribute for the better illustration of the relations of surgical diseases " with the larger and more exact doctrines of physiology."

The topics embraced in the volume are very interesting, and presented in an attractive style : nutrition—embracing the consideration of atrophy ; hypertrophy, repair, reproduction, the repair of injuries, and the repair of wounds ; repair of fractures, and injuries of various tissues, the phenomena of inflammation, together with the products and changes produced. Then we have a large space—nearly two hundred pages—devoted to the study and illustration of tumors, and cysts, in their various forms. About the same amount of space is occupied with the consideration of cancer, the anatomy and pathology of its several varieties, and the closing lecture discusses the nature of tubercle.

The fame of Prof. Paget is so well established as to need no praise from us. It is sufficient to say, this work is worthy of its author, and will richly repay the purchaser and reader. It is well gotten up—handsome paper, and good wood-cut illustrations.

For sale in this city by Rickey, Mallory & Co. Price \$3.50.

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### Editor's Table.

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*Cincinnati Summer School of Medicine.*—This association for preliminary medical instruction was permanently organized last season, and met with excellent success in the course of lectures given during the spring of 1859. The same Faculty will again give a course of lectures and examinations to run through the months of March, April, and May, 1860. This is not a legally constituted school of medicine; its sessions do not count in an application for the Doctorate, and it confers no diploma. It is simply an organization for teaching, and intended to facilitate the studies of medical students. The dissecting rooms will be kept open through the session, and no extra charge will be made for its privileges, except for the simple cost of material used. The hospital privileges are better to the spring course than during the regular session, because less crowded. We can very cheerfully and heartily urge medical students to avail themselves of this course, feeling an abundant assurance that the time and money thus expended will be well invested. See announcement in our advertising sheet.

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*Kappa Lambda.*—Some of our cotemporaries have been greatly exercised for some months past in regard to the society of the Kappa Lambda. It appears this association was instituted many years ago, secret in its character, but avowedly devoted to good fellowship, and mutual professional improvement.

The association has been violently denounced in certain quarters, as being a clique calculated and intended for the promotion of mutual personal advantages in professional position and emoluments. We have found it, thus far, impossible to get up any fever concerning this bugbear; and we think a recent calm and

demolishing letter in a recent number of the *Med. and Surg. Reporter* puts a quietus to the whole affair for the present. It is in reply to a very foolish communication, which had appeared in the same journal some weeks previous. It shows that a large proportion of the best, most honorable, and most worthy and widely esteemed members of the profession in the city of Philadelphia have been enrolled on the list of the Kappa Lambda.

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*The Chicago Medical Examiner.*—We have received the first number of a new journal from Chicago, edited by Prof. N. S. Davis of the medical department of Lind University, and E. A. Steele, M.D. In the salutatory, the editors offer as the special motive for establishing a new journal that they are satisfied that the profession in the north-west desire a journal which "shall possess sufficient independence in its editorial management to convey impartial and reliable information in regard to all the medical institutions existing among us; and sufficient liberality to open its columns to well written articles from respectable members of the profession, whether the sentiments they contain accord in all respects with those entertained by the editors, or not." Of course, the real object of the journal is the advocacy of the new school, and its peculiar plans and purposes. It is a handsome monthly of sixty-four pages, at \$2 per annum, in advance. The numerous friends of Prof. Davis will doubtless give the *Examiner* a hearty welcome.

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*Kansas City Medical and Surgical Review.*—We have received the prospectus of still another new journal, which Drs. G. M. B. Maughs and T. S. Case of Kansas city, Missouri, propose to establish with the new year. It is to be a bi-monthly of 48 pages, at \$2 per year. We wish it distinctly understood that we heartily endorse, and sympathise with, every enterprise which is calculated to foster and elevate the profession in any portion of our country. As this, however, is a new undertaking, which in any event of success can scarcely be supposed to interfere with our own publication, we may be allowed to say freely and candidly that we think our friends of Kansas city are not acting advisedly. Very few medical journals, ever so well conducted and ever so carefully managed, more than pay the expense of publication.

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The State of Missouri already has a most excellent bi-monthly medical journal, at St. Louis, with more matter for the same money than this new proposition. There is also a very spirited bi-monthly at St. Mary's. Under these circumstances a new periodical in that region is not demanded—and if established, will be poorly sustained; thus frittering away and dividing the support, meagre at best, that ought to be concentrated. Instead of establishing a new journal, let our friends of western Missouri harness up as earnest and regular collaborators to the journals already established. Let them go to work and add a circulation of "500 copies" to the St. Louis and St. Mary's journals, with their own spirited contributions, and we vouch for it, those journals will abundantly reciprocate in the improved character and stability of their publications. It is not an increase of journals we want, so much as concentration upon those already published, giving to them the "sinews of war," which will enable them to be constantly improving in quality, tone, and influence.

*Extract from a Friendly Letter.*—Dr. Steele, of Grandview, Illinois, writes us thus: "I will say to you that I am much pleased with your journal, both as to matter and mechanism. . . . From upwards of twenty years' practice, with some reputation as an obstetrician, I must say that the article by Dr. Logan, in the April number of the *Lancet and Observer*, upon the use of opium in certain conditions of the parturient process, to a young practitioner of medicine is worth two years' subscription. If Dr. Logan, or some other physician, would write another article as good, on the use of opium in certain other conditions after parturition, most especially the prevention and cure of puerperal peritonitis, and physicians would heed the suggestions, the parturient state might be disarmed of half its terrors."

*To Clubs desiring other Journals with this.*—Our friends will permit us to remind them that we simply extend to them the same deduction on those journals we receive ourselves; we make nothing by the arrangement, except the gratification of accommodating our subscribers. *We remit the cash with each name* to the several journals desired, and our subscribers then become for the time regular subscribers to such journal. We can not, therefore, forward the name of any one for any of the publications named until the money is forwarded to us.

*Communications.*—Acceptable articles are received and on file from Prof. Cooper, Drs. Dutcher, Houghton, and Leonard. We trust our friends will keep us abundantly supplied with brief, carefully prepared, practical articles. Such are always acceptable to us and our readers.

*Chicago College of Pharmacy.*—The first session of this institution commenced November 9, 1859. The faculty consists of Jas. V. Z. Blaney, M.D., Professor of Chemistry ; F. Scammon, M.D., Professor of Pharmacy ; John H. Rauch, M.D., Professor of Materia Medica.

*Preservation of Microscopic Preparation.*—The following mixture is proposed by Dr. Pacini, for the preservation of the globules of blood, nerves, ganglions, of the retina, and generally of the white tissues : Protochloride of mercury, one part ; chloride of soda, two parts ; glycerine (at 25° Baumé), 13 parts ; distilled water, 113 parts.

*Indianapolis Medical Reading-Room.*—The profession of Indianapolis are engaged in the very praiseworthy endeavor to establish a reading-room—perhaps ultimately to be developed also into a pathological museum and cabinet. We trust this movement will be pushed forward to a successful issue, and doubt not it will exert a very healthy and energizing influence upon the fraternal relations of that beautiful city.

*Medical Department of Lind University.*—It is announced in the *Medical Examiner*, that this new school opens with 26 matriculants, of whom 14 are in the junior department, and 12 in the senior. The friends of this new enterprise, and the faculty, regard this as a very satisfactory beginning. The introductory was given by Professor Davis, and is a full résumé of the history of medical education as drawn out in the series of reports on that subject in the various sessions of the American Medical Association, together with the views of other bodies and individuals—and the views of Professor Davis himself. The address is carefully prepared, and will well repay the reading.

*Mobile Medical College.*—We learn from the *Mobile papers*, that this new medical school has opened with the most flattering prospects for immediate success. Fifty matriculants were already

enrolled on the opening day of the session. Few if any medical colleges in this country, even those which are regarded as the most prosperous, have commenced their first session with so auspicious a beginning. With a very wise liberality, the government of the U. S. has placed the Marine Hospital in Mobile at the disposition of the faculty; while the city authorities have with like generosity made a similar disposition of the City Hospital. The clinical advantages of this new enterprise—*Alabama Medical College*—will therefore be well provided for. We have no doubt of the success of the school.

—M. Gillette, a distinguished physician of the Children's Hospital, died in October from diphtheritic inflammation of the throat, contracted during the treatment of a child in the country. M. Valleix met his death from the same disease. M. Gillette was respected by his brethren for his abilities as a physician, his scholarship and cordial manners.

—Public urinals are to be established in Boston. They are to be erected in different sections of the city, and will be a great public convenience, beside the sanitary effect and the abatement of many nuisances, which are the result of the want of proper places to resort to. The same necessity which renders public urinals desirable in Boston, exists equally in every other crowded city, and the example is well worthy of imitation in this city.

—The French are doing wonders with the local injections of narcotics for the relief of neuralgia. At a meeting of the Academy of Sciences of November 7th, M. Velpeau read a paper sent to him by Dr. Courty, of Montpellier, entitled "Local narcotism produced by the injection of sulphate of atropine on the pneumogastric nerve as a new means for the cure of asthma." We have only space for a brief notice of this novel treatment, reserving a full translation for our next number. The case of asthma was an aggravated one, and gave way, after a time, to the ordinary treatment, to be followed by a new and more aggravated paroxysm. At last Dr. Courty decided on the injection of atropine along the sheath of the great vessels of the neck, including the pneumogastric nerve. He introduced the syringe on the inside of the left sterno-cleido-mastoid muscle, on a level with the thyroid cartilage, along the track of the sheath of the vessels and nerves of the

neck, and threw in six drops of a solution of sulphate of atropine, equivalent almost to two millegrammes. We must omit the symptoms produced by the injection. On the next day he threw in six drops, at the same level, on the right side, but at least to twice the depth: the point of the canula was carried in as far as possible without wounding the sheath. Three days after he repeated the injection. After each injection there was manifest and marked relief obtained, so that on the 1st October, five weeks from the first injection, the patient was well, and able to attend to the affairs of her house and to walk out.

—The Surgical Society of Paris has been recognized by the Emperor as an organization of public and general usefulness, and has had conferred on it the privileges belonging to such bodies. It was organized in 1843, by seventeen surgeons of the different hospitals. The first president was Berard, Jr. It is composed of thirty-five ordinary members, seven honorary members, among whom are Velpeau and Cloquet, eleven members of the Academy of Medicine, forty-six national corresponding members, almost all of whom are attached to the principal civil and military hospitals of France; sixteen foreign associates, and twenty-eight foreign corresponding members: in all, one hundred and forty-three members. It has not suspended its meetings during the fifteen years of its existence.

—The Chair of Pharmacy in the School of Medicine at Paris has been changed by imperial decree to the Chair of Pharmacology. M. J. Regnault has been appointed to fill the new chair, previously occupied by the late M. Soubeiran. The course of the Professor of Pharmacology will comprise—1st, The discussion of the general processes employed in the preparation of medicines; 2d, The particular study of medicines, their natural history, physical and chemical properties, pharmaceutical forms, and their adulterations; 3d, The art of prescribing; 4th, The history of natural and artificial mineral waters; 5th, The history of pharmacy as it existed with the ancients and the chief nations of the present time. It will be seen that materia medica has been taken from the Chair of Therapeutics. M. Dumas, who drew up the report for the Emperor, says that materia medica, or the natural history of drugs, is a branch of instruction which belongs to the naturalist and the

office of the pharmacist, while the study and teaching of therapeutics belong to the bedside. The idea is certainly a good one. In our country it is impossible for the professor of *materia medica* and therapeutics to do justice either to *materia medica* or therapeutics. It would certainly be a good change to require the student to study *materia medica* in the office of his preceptor, and thus allow the professor to devote himself solely to therapeutics.

*Obituary.*—Dr. James H. Paxton died at his residence, Woodland Home, Indiana, of abscess of the lungs, 26th November, 1859, aged 42. Dr. Paxton was an old and worthy practitioner of medicine; was amongst the earliest and most constant readers of this journal, having been a subscriber first to the *Western Lancet*, and then *Lancet and Observer*, for nineteen years.

*Death of Dr. Henry C. Russell.*—This gentleman died on the 24th November, in this city. He was a graduate of the class of 1846–7 of the Medical College of Ohio. He was an excellent student, and a good and successful physician. Above all, he was a high-toned gentleman. None knew him but to love and respect him. Thus, one by one, our classmates and friends pass away to the undiscovered country.



## Editorial Abstracts and Selections.

### PRACTICAL MEDICINE.

1. *Inoculation of Diphtheria.*—Two facts of some importance were brought before the Medical Society of the Hospitals of Paris on the 24th of August last. One relates to a medical practitioner whose finger was wounded by a knife which had been used in the operation of tracheotomy, performed upon a child suffering from diphtheria. An abscess formed in the wound, but the latter was going on favorably when, a fortnight subsequent to the accident, pain in the throat was complained of, after exposure to cold, and diphtheritic effusion took place on the tonsils. The practitioner's wife became similarly affected, but they both recovered, though one had consecutive paralysis, which lasted four months. The

second case is that of a medical student who, already suffering from cough and cold in the head, made the post mortem examination of a child who had died of diphtheria. He accidentally pricked his left thumb whilst engaged upon the autopsy, and this was followed, in spite of careful washing, sucking of the wound, and abundant bleeding, by inflammation of the lymphatics up to the axilla. On the third day after the infliction of the wound, and the fifth after the beginning of the cough (which had arisen after exposure to cold), pain in the throat occurred. The arm went on improving, but the throat became worse, and false membranes formed upon the tonsils. An herpetic eruption on the lip followed, and the patient had quite recovered in about ten days. The question now was to determine whether these two cases were to be considered as examples of inoculation of the disease, or as instances of simple epidemic influence. Most of the members of the Society inclined to the latter opinion, and many of our readers will, perhaps, agree with them. We must, however, confess that one of the arguments brought forward against the transmission of the disease by inoculation is to us not satisfactory—viz., that the false membranes appeared a fortnight after the puncture. Might not this lapse of time have been taken up by incubation? It is, however, proper to mention that, from actual cases, M. H. Roger has found the mean of the time of incubation to be from two to seven days.—*London Lancet*, Oct. 22, 1859.

2. *Vaccination*.—A correspondent of the *Boston Medical and Surgical Journal*, writing from Edinburgh, Scotland, gives some interesting particulars concerning the mode pursued by Dr. Husband for preserving vaccine lymph, as well as his method of vaccinating: "Last evening I called upon Dr. Wm. Husband, 28 Clarence Street, and without introduction; having determined to acquire from him personally, if possible, whatever information I could, relative to his method of preserving vaccine lymph in capillary glass tubes. I first became acquainted with what Dr. H. has already done in this respect, through our mutual friend Dr. Hodges, of Boston, who some time since showed some of these minute tubes at a meeting of the Suffolk District Medical Society, and explained the mode of using them, as communicated to him by Dr. Husband, to whom he had written on the subject, and who forwarded to him the

specimens exhibited to the society. I spent an hour very pleasantly and profitably with Dr. Husband at his house, in conversation upon this interesting and important topic. I have previously referred to the method as that of Dr. Husband, and it is truly so; for, although the plan had been previously tried, after a fashion, he has perfected the tubes and attained the most satisfactory results with them, both as to the preservation of the lymph for a long time, in a fluid state, and also in the skilful use of them in vaccinating. Dr. H. showed me the work of the French writer Bosquet on the subject of vaccination, with which I was not familiar. Bosquet, who was employed by the French government to investigate the subject, used tubes of a somewhat bulbous shape at one end. His success was not such as greatly to encourage him, although he ardently pursued his researches, and his book is a good one. Dr. Husband has modified the shape of the tubes, and the following brief summary will give an idea of the plan adopted, and of the success he has met with. Those who heard Dr. Hodges explain the process of charging the capillary tubes and of subsequently sealing them, hermetically, in the flame of a lamp, will remember the simplicity of the process. Through the kindness of Dr. Husband, I had, to-day, an opportunity of seeing him charge the tubes and seal them, and also of going through with the process myself, under his direction. I also witnessed his method of vaccination, at the "Royal Public Dispensary," West Richmond street. Slight scarification of the skin of the arm is practised, and the lymph, blown by the operator's breath from the previously broken end of the capillary tube, is rubbed for a few seconds over the abraded—or rather *slightly scratched*—surface. Failure is exceedingly rare, and the procedure is much less painful than that by puncture, as usual in the United States and England. The individuals I saw vaccinated to-day—one a young infant—made no complaint whatever; or at least next to none, and that in the case of the child only—not even shrinking. The loud cries of children under the other process—puncture and insertion of quills—all medical men can bear witness to. At the National Vaccine Institution, London, the operators insert ivory points imbued with lymph, and the number of *five* points is required, by law, to each patient. The success attained is but very indifferent. That commanded by the method I to-day witnessed at the Infirmary is so signal and constant that

it must, in any opinion, become, in time, universal. The little glass tubes require care in forming, as to pattern, etc.; but they are afforded here at a very cheap rate, and I intend bringing home several hundred of them. Three hundred may be procured for about seventy cents. I also purchased to-day a scarificator (or *scratcher*) and lancet combined, a neat little instrument, which I hope to show, by-and-bye, in Boston, and to demonstrate its use, and the process of charging and sealing the tubes—if any practitioners are interested to see it. The delicate little glass cylinder is very easily managed, both as to sealing and subsequently using its contents; but the process, although exceedingly simple, requires to be conducted in a *certain manner*, and with care, or, simple as it is, the experimenter will fail, and either the tube will explode (a harmless, infinitesimal explosion, as Dr. Husband characterized it), or the ends will not become hermetically closed.”

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SURGICAL.

8. *A New Foot Amputation*.—The following letter is from B. F. Palmer, the *patent-leg man*, and from his ingenuity and experience in the premises, his suggestions are worthy of attention. The letter is addressed to Prof. Weber, editor of *Cleveland Medical Gazette*.

“I have read with great interest and pleasure your article on the foot operations of Syme and Pirogoff, in the September number of your journal, and have no doubt that the article will do great good in this time of *haste for surgical fame*, when ambitious operators are *slashing* their way to immortality on foot, with all the impetuosity of a flying artillery.

“In my letter, from which you did me the honor to quote, you will notice that I do not however oppose *unqualifiedly* these new operations, and I doubt not that Professors Syme, Pirogoff, and many of their illustrious compeers in this country, are operating with an eye single to the best good of their patients, and believing, as I do, in *rational progress*, as well as in *just conservatism*, I shall watch the results of these wise surgeons’ commendable efforts with hopeful solicitude. My studio is now a kind of international asylum for the mutilated. I may safely say that I have examined fifteen thousand stumps, and at the present time every form of new amputation is pressing on my attention. While I regret to be obliged to repeat that I have not yet seen a case of Syme’s operation which has admitted of such an artistic appli-



ance as is satisfactory to myself, (some have been satisfactory to my patients,) I yet hope to meet the requirements of this operation more successfully, so as to aid the surgeon *to the uttermost*, in suiting his place of election to the indications of nature, in all cases. But science and art, now wedded, *must not be divided*. If the surgeon considers not wisely the form of artificial appliance most servicable to his patient, his error will be irreparable; so will be the mechanic's, if he possess not a knowledge of the *living* (as well as of its imitative) mechanism. My researches are not confined to invention as yet. With the aid of our great surgeons of Philadelphia, to whom I am greatly indebted, I am exploring the mysteries of the cadavera (as well as the books) with reference to these new modes of operation. Dr. Pancoast has furnished three Pirogoff stumps for me, one of which I have treated successfully, and I have reason to anticipate better success still with the others, the stumps being better. It will be understood that I am now instituting no comparisons between these cases and those amputated at the points of election above the ankle, as before submitted. That I can do more intelligently after a reasonable trial, in a number of the *best cases*, which so consummate surgical skill will certainly offer me. Pirogoff's is, without a doubt, the best ankle operation now practiced. I have just devised an improved foot for this operation, (which is also adapted to Syme's,) and if it shall prove as perfect in action as it appears in theory, it will remove many of the objections to these long *bulbous* stumps.

"The *ankle disease* seems to be contagious, and has exercised my mind, *hand and foot*, till I, too, am *halting* between two opinions. What will you say if I propose a *new mode*, better than Pirogoff's? I do not say that I can, and yet I have an idea which the first surgeons of our city have told me is worthy of consideration. I now give it to you. It may, like many other pretty theories, prove simply *impracticable*. I am not aware that it has been tried. My mode consists in a *horizontal* (instead of a vertical) division of the os calcis at the margin of its upper articular surface, and may be briefly sketched as follows:

"Make a curvilinear incision around the foot in front, from the lower part of one malleolus to the other, dividing the tissues a little lower than is usual in performing Syme or Pirogoff's operation, and round the sole, making the plantar flap long enough to

meet the dorsal above the division of the bones. Dissect up a little above the ankle joint, then down around the astragalus, to its articulation with the calcaneus; remove the astragalus, and divide the tibia, fibula and os calcis *horizontally*, removing the entire articulating surfaces of the two former. Now remove the calcaneo-astragaloid surface of the calcaneus, and place the cut edges of the bones in apposition, adjusting the flaps so that the cicatrix shall be above the incision of the bones. The calcaneus will be moved *upward* and *forward* about an inch, its centre being in a vertical line with the tibia, as seen in the sketch. Fix the knee, and bandage from it round the heel, if necessary, to hold the bones in place while uniting.

“This operation will shorten the limb an inch or more, giving space for the contraction of the muscles, and rendering the division of the tendo-Achillis unnecessary. It admits of a suitable ankle joint in the false foot, and retains *the entire base of the os calcis* and its integuments intact, and in the true line of support indicated by the *centre of gravity*, thus affording a *broader and better base of support* in the false foot, the arch of which is made to fit the calcaneus just as the shank of a well formed boot fits an unmutilated member—perfectly comfortable—I think.”

4. *Results of Cancer Treatment by Caustics.*—In your last number, you ask for information respecting the fate of persons subjected to the cure of cancer by caustics. I will give the following as a contribution. A short statement of the case is published in the new edition of the *Surgeons' Vade-Mecum*, but I will give here a few details for which there was no room in that work:

On May 15, 1857, I visited a lady who was undergoing the treatment. I did so at her particular request, in the hope, as she said, that I should be liberal enough to waive my prejudices against a concealed method of cure, in consideration of the inestimable benefits which it conferred on patients otherwise incurable.

The lady, aged 46, was the wife of a clergyman, and childless. Fifteen years ago she struck the left breast; a lump followed, which slowly increased, and during the last few years had become very painful. There was a large gland in the axilla; which, together with the breast, and some glands above the clavicle, were the seat of frequent pain, both wearing and rheumatic, and at times neuralgic and violent. Yet, though an invalid, she was able

to go to church, to enjoy society, and to help her husband in a very poor parish. She had been seen by several surgeons, each of whom declared that the case was not fit for operation.

In this hopeless state, condemned to a life of slow misery, she described her feelings as most enthusiastically grateful, when she heard of the new cure. She believed that, in "special answer to prayer," relief had been sent her when all human hope was lost.

Accordingly, in March, 1857, she put herself under the care of a gentleman who made the cure of cancer by caustics his occupation. She took lodgings in the suburbs, to be near him, and soon found herself in the middle of a select cancerous coterie, to which the time of the doctor was devoted.

On the 25th of March, as she told me, operations were begun, by the destruction of the skin of the whole breast, including the nipple, and including likewise the skin over the enlarged axillary gland, by nitric acid. Her description of the agony caused by this process was most vivid. Night after night she used to sit upright in bed, moaning and rocking herself to and fro in agony. No fire could produce such a burning as she endured; and, as one consequence of the irritation of the breast, a most profuse flooding came on. Shortly, a portion of the slough was gently cut into ("as you would cut into the rind of roast pork," were her words), and various substances introduced into the cuts. The pain of this process was most intense and continuous; the discharge also enormous; but it appeared a part of the system, and a judicious one, that she was carried out every day into the fresh air of the garden, and was plied with wine and nourishment in the greatest abundance. Such was her state on the 15th of May; she had escaped, as she said, imminent danger of death by exhaustion; and was feeble and haggard-looking, but hopeful and confident in the extreme, begging me, if I had any cancer patients, to send them at once to be cured. One substantial benefit—little enough, by way of compensation—was, that she had lost the old cancerous pains above the clavicle. Be it observed, the slough had not separated at the time of my visit.

On the 18th of December I saw her again; but now her story was a far different one. She said that the original slough was six weeks in coming away, and even then had to be cut away; and that the wound was but just healed, if healed it could be said to be; for in place of the breast, there was a large thin, red, shining

cicatrix, glued to the ribs, which cracked and bled every time she coughed, and gave more pain than the cancer it took the place of. Her breathing was difficult, her cough incessant; there was a bunch of enlarged glands above the clavicle, and the lung was evidently infiltrated and solid. She was emaciated, and without strength or appetite, or hope. And now the change in the mental condition was remarkable. While admitting the personal kindness she had received from the cancer curer, she condemned the whole treatment as a delusion, and hoped I should dissuade any one from making the same rash experiment. She gave me the names of three ladies who had been under treatment at the same time with herself, and who were already dead: and she followed in a little more than a month. She died in February, 1858.

The moral of the story is evident. A poor woman, with chronic cancer, whose life would probably (judging from the rate of progress of the disease) have lasted three or four years at the least, if left to herself, during which she might have enjoyed many of the comforts of life, submits herself to one of the most barbarous proceedings imaginable (an old, obsolete, and proved-to-be-worthless process; so cruel, too, that no one would venture to do it openly in a hospital), suffers months of torture, cuts her life short, and makes it intolerable while it lasts. She ends with a scar twice as painful as the cancer, and with a disease which, instead of gnawing her shoulder, penetrates her ribs, and adds suffocation to her other tortures. And why all this? What is the keystone of her error and of that of thousands of others, especially among the clergy, who, as is well known and regretted, are the chief patrons of every kind of quackery? It is a want of practical faith in the divine government of the world. "Labor is the price which the gods have set on all that is valuable," as Sir Joshua Reynolds has it. Providence seems to have ordained slow, painful research, generation after generation, as the means of getting knowledge of the nature of disease, and the power to heal it. As the world is constituted, there is a large number of men who devote their lives to the acquisition of this knowledge, and who unitedly must be able to say what means of relief in the present state of science are within our reach, what means are safe, and what, whether safe or not, have failed. These men are no special caste, with exclusive secrets; on the contrary, they are our own brothers; they publish every thing they know, and they

have, instead of repugnance, a very greediness for new discoveries in their art. Is the Almighty likely to deny to their honest industry and open benevolence a knowledge which he would give unasked to dreaming adventurers? But these unfortunate patrons of quackery think to get to the end by a short and private road; they want wonders and miracles, and fancy that the Almighty reveals special modes of cure to those who conceal them, or sell them for their own exclusive benefit.—R. DRUITT, in *London Med. Times and Gazette*.

#### OBSTETRICAL.

5. *To Excite Premature Labor*.—Dr. Baum objects to many methods the danger of too easily rupturing the membranes. He employs catgut-bougies of a foot long and two or three lines thick; he steeps the end in soft water to full softening, and passes it, well-oiled, into the uterus, by means of twisting motions, until a length of only one or two fingers' breadth remains in the vagina. Uterine contractions are set up in from six to twenty hours. The bougie never (?) injures the membranes; it may be removed shortly before the rupture of the membranes or the birth of the child. During 1857 or 1858 the author had twelve opportunities of employing this uterine catheterization. By its means eleven children were born alive, five dead; eight mothers recovered, and no one sank from any puerperal process. The modes of death were: one from pneumonia, one from miliary tuberculosis, and two from Bright's disease. In estimating the risk of rupturing the membranes by this method, it is right to bear in mind the author's precautions in using very flexible catgut-bougies, and softening them for use.—*Monatschr. für Geburtsh.*

6. *Tubal Gestation*.—Dr. Hardee relates an interesting case. He was called to a negro woman who had general anasarca. On examining the abdomen he felt a large tumor resting upon the left side; the uterus presented the sensation of a hard bony mass; no os tincæ could be felt. It was reported that the tumor had been growing for fifteen years. The dropsy increased rapidly, so that repeated tapping became necessary before her death. On laying open the abdomen, the uterus and a foetal head, larger than at term, were brought to view. The head rested just before the heart, and on the left side of the body; it was firmly attached to the uterus and intestines. After moving the head, a decayed mass

was seen, but what it was could not be determined. All the bones of the foetal head were present, with the exception of the superior and inferior maxillaries. The uterus was about ten inches long, about four inches wide, and four thick, forming one hard bony mass, weighing six or eight pounds.

Dr. Steele gives a case of tubal pregnancy highly interesting, both in a diagnostic and pathological point of view. He was called to a servant woman, aged about twenty-six, who had married a second time—having had a child some years before—two months back. Two weeks prior to her death she had missed her courses for the first time, and suffered no pain up to the night of the 17th (month?), when she was taken with severe pain of the abdomen, which was supposed to be bilious colic. The next day she said she was better; but Dr. Steele found the pulse small, quick, and feeble; she was still complaining of a pain of a spasmodic character over the whole abdomen. She died suddenly about an hour after. On opening the cavity of the abdomen, there was found effused about a gallon and a half of blood—that in the pelvic cavity was coagulated; in removing this, an embryo of about six weeks was found, lying near a rupture in the middle of the Fallopian tube. Dr. Steele conjectures that this accident may happen oftener than is supposed. Unless hæmorrhage be severe, recovery might take place without the occurrence of very formidable symptoms, what had passed being unsuspected.—*North Amer. Med. Chir. Rev.*, May, 1859: *Brit. & For. Med. Chir. Rev.*

7. *Abdominal Gestation*.—Professor Hecker relates the two following cases which came under his own observation:

1st. A woman who had borne one child at the age of eighteen began to complain eighteen years later of nausea, want of appetite, and a sense of weight and fulness in the abdomen; menstruation, however, being regular. Two months later than this, December, 1856, her illness became aggravated, and the abdomen enlarged, being painful on moving. Examined on the 17th of January following, she was excessively emaciated and in a hectic condition; the abdomen was so painful that scarcely could the slightest touch be borne. It was ascertained that a hard body, of irregular form, was present in the right side, feeling like a foetus; the uterus appeared to contain nothing, and a smooth elastic body was felt behind it, which could be pushed upwards. The diag-

nosis of extra-uterine gestation was confirmed on the 9th of June, before which time movements of the foetus were perceived by the patient and by others; on laying the hands on the abdomen the different limbs of the child could be made out. The movements had now ceased, and it being concluded that the child was dead, the Cæsarean section was set aside. About Christmas, 1857, pains in the abdomen returned with hectic. In the night of the 8th of March, 1858, suddenly a strong effort at defæcation occurred, followed by discharge of half-a-pailful of watery yellow fluid, without admixture with fæces. This discharge, in all probability, of liquor amnii, caused a considerable collapse of the before distended abdomen. Great prostration attended; and an abscess opened below the navel on the 26th of March, through which came two cranial bones, and afterwards the rest of the head and the whole child in a putrid state. The woman died in two hours later. No inspection permitted.

2d. A woman, aged thirty-eight, who had borne three children, was admitted into the Lying-in Hospital of the Berlin Charité on the 21st of March, 1857. She had believed herself pregnant since October, 1856, and complained of much pain in the abdomen. The abdomen was enlarged as in a seven months' pregnancy, very tender to the touch, and so evenly distended that nothing distinctly could be traced, but movements of the child were sensible both to the eye and to the touch. The foetal heart could not be heard, but a very loud vascular rush was heard to the left of the navel. There was colostrum in the breast. Internal examination was so painful that it had to be carried out under chloroform. The os uteri was close behind the pubes, open, and the fingers struck upon a fatty mass feeling like placenta, which gave a carcass-like smell. The posterior vaginal roof was deeply depressed into the pelvis by a round, immovable body like a child's head; this, when examined by the rectum, appeared to spring from the sacrum. On the 25th of March the foetal movements ceased, on the 26th peritonitis suddenly set in, and death followed on the 27th. Immediately afterwards a dead female child, thirteen inches long, was removed by abdominal incision. The autopsy was performed by Virchow. It revealed recent and universal peritonitis; the extra-uterine sac reached to the transverse colon, was united to the anterior abdominal wall, but elsewhere free. The uterus was much enlarged.—*Monatschr. f. Geburtsh., Feb., 1859: Brit. & For. Med. Chir. Rev.*

THE  
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CONDUCTED BY

E. B. STEVENS, M.D., AND JOHN A. MURPHY, M.D.

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*Original Communications.*

ARTICLE I.—*Case of Abscess of the Liver and Lung.* By B. B. LEONARD, M.D., West Liberty, Ohio.

The comparative rarity of abscesses of the liver and lungs, and the still greater rarity of recoveries in such cases, may render the publication of the following case interesting to many.

Wm. Keller, farmer, aged 27 years, of sanguino-nervous temperament, was taken sick about the 1st of October, 1856, of typhoid fever, which continued four weeks, at which time convalescence was established, and he began to walk about the room, yard, and on the road to the distance of a mile. On the 4th of November he began to complain of pain in the right hypocondrium and lower part of the thorax on the same side. There was slight fulness under the ribs, with greatly increased pain under pressure. Had high fever, quick pulse, dry skin, and parched tongue with red edges. Bowels constipated, constant sighing, breathing rapid, and occasional chilliness; no appetite, was exceedingly restless. The natural murmur in the lung was audible, and there was no cough. An abscess of the liver was anticipated, and the patient was ordered a full dose of opium and hot fomentations to the side. On the next day the fulness in the side had increased, the pain was much more severe, and all the other symptoms greatly aggravated.

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The side was now scarified, and the bowels opened by a large dose of castor oil; after which a full dose of opium was again ordered. About the same treatment was continued for four days, when, in consultation with Dr. Richards, it was thought safe to open it. A large lancet was accordingly plunged in at a point about one-third of the way between the spine and middle line of the abdomen, and a half inch below the last floating rib. Three pints of purulent matter flowed out in a continued stream. The patient becoming very faint, the opening was tented, and wine and quinine freely given. On the next day I learned that the patient had been very faint most of the night, that the tent had come out, and much pus escaped with it. The pulse, which had been very frequent and feeble, was now full, and numbered 100 per minute.

A probe could be passed in and directed towards the same point of the opposite side to the extent of *five inches*, and dipped under the ribs or passed towards the axilla of the same side *eight inches*, without producing any pain or meeting with much resistance. The cavity was large, and admitted free circular motion of the probe.

November 9th.—The cavity was syringed out with warm water and tented as before, and the following prescription ordered:

R Quinine, grs. x.  
Opium, grs. iij. M.

Div. in chart. No. v. One every two hours.

Wine and animal broths to the satisfaction of the patient.

November 10th.—Pulse 90 and full, quite comfortable, and had a good appetite; abscess discharged a pint of pus when the tent was removed, had some cough. 11th.—Sweat freely last night, has dulness and pains in lower part of right lung; the pus discharged this morning is covered with a green fluid, which resembles gall, from some obstructed duct.

Prescribed syrup iodide of iron twenty drops three times a day, and injections of the watery solution of iodine (four grs. to the oz.) twice a day. This treatment was continued until the first of December, with but little improvement; the discharge of pus being at least a pint a day. The case now became more alarming, the dulness extended over the whole side, the cough was aggravated, pulse 130, and breathing 33 per minute. Bowels most obstinately constipated, and sweats freely at night. Only hope of recovery is

that he has a good appetite. Takes oysters and a pretty full diet, and feels cheerful. The iodine preparations continued during the month. Expectorants, cod liver oil, and diluted nitric acid are also taken. Cough very distressing during the whole month. Expectoration profuse, and seemed to come from the cavity of the abscess.

On the first of January I was favored with the counsel of Dr. E. P. Fyffe, of Urbana, whose professional acquirements entitle his opinions to the highest respect, who, after a close examination and deliberate consideration of the case, recommended a faithful and persevering continuance of the treatment, and added that if diluted nitro-muriatic acid were applied daily to the region of the liver, and over the anus and spine, that he thought the constipation would be overcome. The suggestion was adopted, and the result was, that on the 12th the patient had a natural operation—the first without the use of cathartics or enemata for *seventy-two* days. Under this treatment the expectoration and the discharge gradually diminished; and on the 20th of February ceased altogether. The patient at this time could not have weighed more than 75 pounds, but now began to improve rapidly. On the 6th of March he became restless, and had high fever, which continued for four days, when the abscess reöpened and discharged freely. From this time recovery was rapid and permanent, and in six weeks his weight had reached 185 pounds, just 40 pounds more than ever before. *Query:* What was the cause of this rapid development of adipose tissue?

I have been provoked to report this case from seeing Mr. K. actively engaged on his farm for three years, in the enjoyment of perfect health, except dulness in the right lung. The recovery was as unexpected as it was desirable.

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ART. II.—*Cases of Osteo-Sarcoma of the Clavicle.* By E. S. COOPER, M.D., Professor of Anatomy and Surgery in the Medical Department of the University of the Pacific, San Francisco.

*Case 1.*—Mr. J. M., aged 31, was admitted into the Pacific Clinical Infirmary, August, 1859, in consequence of an enlargement of eight months' standing of the sternal extremity of the right clavicle, about one-third larger than a hen's egg, which had been pronounced osteo-sarcoma by the medical man in attendance.

After a careful examination, my diagnosis was the same, when an operation for the removal of the disease was decided upon.

After taking the patient through a preparatory course of treatment of fifteen days, I performed the following operation :

Being placed upon his back with the shoulders slightly elevated, an incision was made over the right clavicle, commencing a little internal to the sterno-clavicular articulation, and terminating five inches externally. The periosteum being found healthy, it was divided longitudinally, and separated from the sternal extremity, as far as the middle of the clavicle ; where, the bone being found healthy, I divided it with a large pair of bone forceps, an instrument I found much more convenient than the chain-saw, which I used in a previous case of the same disease of this bone.

In that case I found considerable difficulty in passing the chain-saw under the clavicle without wounding some of the tissues beneath, and in order to facilitate this part of the operation, I subsequently invented an instrument which I called the chain-saw conductor, which was formed in such a manner that it could be readily passed directly under the bone without risk of wounding any important structure, and making an opening large enough for the chain-saw to pass ; the latter was to be attached to it by a thread. The instrument is very like a large, curved needle, seven inches long and of proportional diameter, with an eyelet hole near the piercing point for the attachment of the thread used in pulling the saw through the opening made by the conductor, which is to be withdrawn after the point appears on the opposite side, carrying the thread, which is immediately secured.

I here occupy space in thus describing this instrument, as I have found it of the greatest convenience in several cases in which I exsected portions of the shaft of the tibia or fibula, for extensive caries or suppuration of bone. And to those who prefer the use of the chain-saw to the forceps in dividing the clavicle, it will be found invaluable. I, however, prefer the bone forceps, and having once tried them, shall probably never use any other instrument.

The clavicle being divided near the centre, I raised the outer extremity of the diseased portion, and readily separated it from the sternum by dividing the ligaments with the knife. Not a blood-vessel required ligating. The operation lasted five minutes.

*After treatment.*—A narrow piece of lint was placed in the wound

through its entire length, and over this straps of adhesive plaster, and a roller obliquely around the body and over the wound as tightly as the patient could conveniently bear.

These were kept constantly wet with an evaporating lotion composed of one part of alcohol and ten parts water for four days, and the patient took about twenty ounces of liq. ammon. acet. every day during this time, and was kept upon a very low diet. At the end of this period the cold lotions were removed, the roller and plasters taken off, and a poultice applied. The next day the wound was suppurating freely, when a more generous diet was allowed.

The lint was permitted to remain in the wound about eleven days, when it was removed. It was ascertained that there was no burrowing of matter from the wound into the neighboring structures, and its margins were therefore approximated by adhesive plaster, when the wound rapidly healed by granulation.

At the end of twelve days the patient was able to walk, the arm being in the meantime so placed in bed as to keep the shoulder somewhat elevated. After he began to walk, the arm was supported simply in a sling.

It is now nearly two months since the operation, and the patient commands the motions of the right arm almost as readily as the left, there being a reproduction of substance occupying the place of the removed portion of clavicle of more than cartilaginous hardness, and so much resembling bone that no one could possibly tell by an external examination that it was not the original bone, so perfect is its shape, and my opinion is that it is simply bone.

*Case 2.*—This case was published in the *Pacific Medical and Surgical Journal*, 1858.

The operation, different from that in the first case, was one of the most formidable character. The diseased mass had grown more backwards than forwards, raising the clavicle, which was the original seat of the affection. Part of the sterno-mastoid and scalenus anticus muscles, as well as the adjacent portion of the summit of the sternum, had degenerated. The subclavian vein and artery, the vena innominata and the primitive carotid artery were found to be the bed of the tumor. The anterior wall of the subclavian vein and vena innominata were found adherent to it for the space of nearly two inches. Three inches of the sterno-mastoid

muscle had degenerated. The parts forming the sterno-clavicular articulation were included in the tumor.

It will readily be perceived by the surgical anatomist that the tumor occupied the worst possible situation for removal, and that no dissection could possibly require a greater degree of care and patience than that for its removal.

*Operation.*—The patient being placed on his back, I began the operation by an incision longitudinal to the clavicle, beginning a little internal to the sterno-clavicular articulation, and terminating five inches externally. A transverse incision of five inches was then made near the centre of the first, and the intervening four flaps dissected back. The sterno-mastoid muscle was then divided. The attachment of the tumor to the pectoralis major was then severed. After this an opening was made beneath the collar bone, and a piece of chamois leather passed under it near its centre. The chain-saw was then carried through between the chamois leather and the bone, when the latter was divided.

The attachments of the tumor above and below as well as externally being overcome, it was now quite moveable in its position. I therefore pressed it outwards and passed one blade of a bone forceps under the summit of the sternum—which was also diseased—with some difficulty a little to the right of the medium line of the bone, after which all the diseased portion was removed.

The tumor now holding but loosely to its remaining points of attachment, could be moved with ease in different directions, which greatly facilitated the subsequent dissections, but which, notwithstanding this and the small amount of tissue to be divided, occupied a much longer time than the balance of the operation. The patient was kept under the influence of chloroform, and the track of the bistoury constantly clear by frequent absterging. I did not count time by the minute, but solely the chances which patience and perseverance afforded of prolonging the life of the sufferer.

After a little over two hours occupied in the operation, the tumor was removed without the loss of any great amount of blood. One vessel alone required the application of a ligature.

*Recovery.*—The recovery of the patient was very rapid, and in two months the arm of that side had acquired almost its former strength and activity. But the disease subsequently returned in the opposite clavicle, for which the patient visited *Europe*, and

submitting himself to an operation, died of its effects two years after the first.

When published first, the case bid fair to be followed by a permanent cure, but the disease subsequently returning on the opposite side, and the patient dying thereby, the statistics of results of surgical operation for this affection require that it should be thus reported.

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ART. III.—*Hydrarthrosis of the Knee Joint, or Hydrôps Articuli.*

Two cases, with Remarks upon Air admitted into Joints. By R. E. HOUGHTON, M.D., Richmond, Indiana.

I notice, in the April number of the *London Lancet* for 1859, the treatment of a case of this kind, by B. T. Hodge, Esq., in which he claims a new mode of treatment, or one which he regards as more simple than the injection of iodine into the joint after tapping, and which he says he is not aware has been adopted. Prof. Miller here observes: "Lately, it has been proposed to draw off the serum by tapping, and subsequently inject a solution of iodine, but the practice seems much more likely to effect disorganization of the joint than its cure; and until ample experience shall have declared it a safe proceeding, we shall hold such tamperings with the larger articulations to be in the highest degree rash and unwarrantable." I offer the treatment of two cases thoroughly cured upon a more simple plan still than the introduction of the trocar and afterward the external use of iodine, and which, in all the cases I have seen in my own practice and that of others, has eventuated in a perfect cure, and with almost no suffering to the patient. I can hardly conceive of such a case where the use of a trocar and injection of iodine into the joint would be justifiable, and less so when we have found that acute or chronic synovial inflammation yields to other treatment, and rest in a proper position, which is quite as essential as the treatment which may be adopted. Although surgeons have reported cases successfully treated by puncture and injection, still it is not commendatory when less dangerous treatment succeeds much better and sooner, and with the infliction of much less pain upon the patient. The writer in the *London Lancet* gives his case as if to prove, first, that Miller and those surgeons who condemned

the plan of treatment by injections were mistaken in their estimate of its safety, and secondly, to prove that he had treated this trouble by puncture without injection, which was still better, and had not been used before him. However that may be, it is regarded as the best plan in the treatment of any disease, to pursue that plan calculated to succeed the soonest and with the least suffering. That plan is most certainly a simple, local treatment, with an elevated position of the limb, kept absolutely quiet. In the cases which I have treated the past year, I commenced the treatment, with a large blister covering the whole surface of the joint. After the blister had been kept discharging, as it will, till it begun to heal, and when healed, I then applied a strong tincture of iodine over the same surface twice a day, and used a roller bandage moderately drawn from the toes above the knee, the limb in the mean while resting upon an inclined plane. The constitutional treatment I did not consider important. A portion of salts to open the bowels, and Dover's powder at bedtime, if pain was felt. In those cases, also, was given this prescription :

R Comp. syrup sarsap. f ʒij.  
Iod. potass. f ʒj.

Ft. sol.—Sig. One teaspoonful three times a day.

I am not sure but it might have been omitted just as well. Those cases progressed well, and made a good cure. Neither of the patients suffered much from the pain in the joint except at first. I might remark, the first case was treated about two months by a *Homœo-quack*, who told the patient and her friends she had rheumatism, and had not known her disease till told he was mistaken, and was told to stand aside. No, he begged for three weeks more to try his treatment. Thus this case was prolonged, very much more than necessary, by the ignorance and assumption of one who demonstrated his ignorance to the family by his own assertions. This case was a young married lady, of very delicate health, inheriting a scrofulous diathesis, and having also a distorted spine, from disease in earlier life. The other case was also a young lady, of good health, who, in alighting from her horse, by some means twisted the limb; a snap, and sudden pain was felt, and she fell to the ground. Lameness, swelling and pain followed. I saw her, and treated her in the same way as the first: made a good recovery.

With such cases as these, I should never think of tapping or injecting iodine, or tapping and *then* relying on external treatment. Puncture ought certainly to be out of the question till all other means fail, and then, if resorted to, should be done with great care, as we have a large joint to deal with ; and if suppuration be produced by any means, we have very serious considerations before us as to its effects upon the health and condition of our patient. The disease being either one of acute or chronic synovitis only governed by time, the results of its progress may be thickening ulceration of the cartilages, and even erosion of the ends of the bones which form the joint. These conditions may involve the loss of limb, and the absorption of pus may produce pyemia, phlebitis and death. Such are the results to be feared in the progress and termination of a diseased joint ; hence, we should be very careful in using the best means for its early control, and postpone dangerous means and results as long as possible.

Prof. Fergusson says on this subject, "The practice of puncturing such a joint as the knee, to permit the escape of fluid in cases of hydrops articulari, has been spoken of familiarly by some foreign practitioners, but neither in Scotland nor in England have I ever seen an instance where such a proceeding *could* have been justifiable." "M. Malgaigne has also tried the plan frequently, but the results have been sufficient to show that such a method, by itself, is of little or no value ; indeed, from all I can conceive of the practice, I should be very unwilling to resort to it." Were an opening deemed advisable, however, the same care must be taken to prevent the ingress of air, as has been recommended in the removal of loose cartilages, for doubtless the same amount of danger, if not greater, attends whether a knife or a trocar and cannula be used.

This brings up the question of the admission of air into joints, and Fergusson, in this quotation, distinctly admits and provides for the danger of air being admitted into a joint in any operation. Prof. Cooper, of San Francisco, denies the dangerous influence of air admitted into joints, and asks, "In fatal cases what evidence supports this hypothesis more than the opinions of able surgeons ?" The danger in cases of air admitted into the joints, I think, depends upon two causes, and one cause is much dependent upon the other for the effect it produces. The first cause of



danger is the admission of air, the second, the retention of matter which is being acted upon by air, and thus changes very disastrous to the patient are produced. The effect of air on secreted pus, retained in or about a joint, may induce sudden prostration and death. I have evidence of this, and the danger of air admitted into the joints is none the less danger after all. If Prof. Cooper had admitted the influence of air upon pus in a joint, and based his views upon two causes acting together, I think he might be able to explain all the bad symptoms which arise in any case of diseased joint, when these conditions exist. It certainly is not possible that all the eminent surgeons who have held, and even now hold, the opinion he combats are deceived by their experience, and have not profited by it.

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ART. IV.—*Cases in Ophthalmology—Exophthalmus with Goitre, and Functional Derangement of the Heart.* By E. WILLIAMS, M.D., Cincinnati, Ohio.

*Case 1.* Mrs. A., æt. 28, with light hair, bluish-gray eyes, and fair, inclining to florid complexion, consulted me on the 3d of January, 1859. For many years past she had been troubled with leucorrhœa, but her menstruation had been regular till in June, 1858, since which time it has been deranged. She has been married twelve years, but without children.

Early in the summer of 1858, she began to be annoyed by severe palpitations of the heart, with great nervous agitation under the slightest excitement. After a few months the paroxysms moderated in severity, and have continued in that milder form ever since. Soon after the commencement of the palpitations of the heart, her friends noticed an unnatural prominence of her eyes, which was particularly striking during the attacks. This projection and staring of the eyes increased rapidly for the first few weeks, attaining nearly the degree which it has at present. Within the past four months, however, it has slightly increased.

Some four weeks after the beginning of the heart trouble, she was thrown from a carriage and struck upon her head and left shoulder, receiving a severe cut on the left temple and side of the forehead, of which the scar still remains. Violent inflammation,

with swelling of the face, neck and shoulder, followed, from which she was confined to her room about two months, and for a considerable time subsequently her head and chin were drawn towards the left shoulder. When the swelling of the neck and face had subsided, she observed a decided enlargement in the region of the thyroid gland. Previous to the accident she thinks there was a little fulness at the inferior part of the neck, but it was scarcely noticeable. The exophthalmus, she thinks, too, increased considerably after the fall. When she applied to me about a year ago, her condition was nearly as it is at present. The goitre involved both lobes of the thyroid, but was most marked in the right, the whole tumor making the volume of a small fist. Pulse 125, bounding, tolerably firm and irregular. Heart tumultuous in its action, when in the least excited or fatigued, with a slight bellows murmur synchronous with the first sound. *Bruit du Diable* in the jugulars. No symptoms of hypertrophy or valvular disease.

The left eyeball was so prominent that when she looked horizontally forwards, the eyes moderately open, some two lines of the sclerotic was seen above and below the cornea, giving the patient a wild and unsightly appearance. As she sat with her left side to the window, one could see the pupil of a red color (somewhat as when it is lighted up by the ophthalmoscope), as he looked into it from her right side. This was due to the large quantity of light transmitted through the sclerotic in consequence of the extent to which it was uncovered by the lids. The right globe was a little less prominent than the left, but presented the same appearances. She could still close the lids over the protruding balls, but with some difficulty. The movements of the eyes were very slightly limited, but equal in all directions. With the exception of the unnatural prominence of the eyes and slight injection of the conjunctiva, there was nothing abnormal about them, and the vision was perfectly good. She complained somewhat of a feeling of dryness, and an unpleasant sensation from the friction of the lids over the projecting balls.

She was very excitable, however, and the consciousness of her unsightly appearance mortified her, and aggravated her attacks of nervous agitation and tumultuous action of the heart.

The *sensibility of the cornea* did not seem to be *diminished*.

At the present date—Jan. 11, 1860—she is more calm, the paroxysms of excitement and palpitations less frequent and milder; pulse 108, more regular and less jerking; the goitre smaller, and her general condition pretty good. But the *exophthalmus* is a little more marked than it was a few months since, notwithstanding the improvement in other particulars. The *limbus conjunctivæ* at the upper margin of the left cornea is thickened and more vascular than natural, and can be moved over the ball and thrown into folds by friction through the medium of the superior lid. She has less trouble from the conjunctival irritation, and is not so much annoyed mentally as formerly. Her appearance, however, is very remarkable, the eyes staring as if almost out of their sockets.

I prescribed four grains of powdered ergot with one grain of lactate of iron three times a day, with directions to avoid all causes of excitement, and to remain quietly at home. This course was pursued for some six weeks, but without any appreciable benefit. I afterwards tried different preparations of iron, requiring the patient to lie upon her back a good portion of the time, with a gentle bandage over the eyes.

At times the *exophthalmus* seemed better, but the improvement was only temporary. For some six months past I have given her no medicine, but merely advised her to follow some hygienic directions suited to her general condition.

The irregularity of the menses, with constant leucorrhœa and sterility in this patient, indicate some disease of the uterus, but as she refused to submit to any examination *per vaginam*, the diagnosis is only problematical.

*Case 2.* Mrs. M., æt. 30, of nervous-lymphatic temperament, rather dark hair, brownish-yellow irides, sallow complexion, low of stature, and mother of five children, all of whom are dead but one. In her size, shape, and general physiognomy, she resembles very much the patient above described. She has been married 13 years. She states that during the first year of her married life, she was attacked with frequent spells of violent palpitation of the heart, with a feeling of great anguish and agitation. At the same time, her eyes became suddenly so prominent that she could not close the lids over them,—especially during sleep they remained decidedly open. This condition lasted for about one

year, since which date she has been able to close them except at times of ill health, or when she is suffering from cardiac palpitation, when the eyes become much more prominent. She still suffers exceedingly from violent and irregular action of the heart, and a feeling of fulness and constriction in the præcordial region, with a dry, hacking cough. Her pulse is frequent and irregular, ranging between 100 and 150, and there are physical signs of great hypertrophy of the heart, but no unmistakable evidences of valvular disease. This statement I have from Prof. Comegys, who is her medical attendant.

The thyroid gland is enlarged in both lobes, each being about the size of an adult fist. When she is laboring under the paroxysms of heart trouble, this tumor swells and presses upon the trachea so as to produce difficulty in breathing and in deglutition. Spots of *purpura hæmorrhagica* occasionally form on her body, and she suffers from swelling of the feet and sometimes general œdema.

Both eyes are very much protruded, giving her the same frightful appearance of the first patient mentioned, but not quite in so striking a degree. When she shuts her eyes, the lids remain about a line or a little less apart, but the corneæ turn up under the superior lids so as to be fully protected. She has now and then attacks of conjunctivitis, which subside under the application of a few leeches to the temples. Her sight is good, and she does not suffer much from the exophthalmus except during the fits of palpitations, when the eyes become very much more salient.

As this patient has never been under my treatment, I can not state what has been done for her eyes, though I presume but little, and that little, as usual, without avail. I examined her recently by the courtesy of Dr. Comegys.

Whether the organic heart disease in this woman is primary or secondary to the functional derangement, it is impossible to say—most likely the latter. The pathology in both the cases narrated is obscure, as it is in all others of this remarkable affection. No pathological theory is satisfactory which does not explain the bond of union between the three striking characteristics—cardiac derangement, exophthalmus, and goitre.

The frequent, though by no means invariable, presence of *anæmia*, or rather *hydræmia*, has led many persons to the supposition that it is, in the beginning, essentially a disease of the blood—hence the name frequently applied to it of *exophthalmus*

*anæmicus*. Dr. F. Praël, Sen., of Braunschweig, has given an interesting account of nine cases, in all of which this state of the blood existed, and he found the preparations of iron particularly useful. From this he concludes that anæmia, if not the only ground, is the chief predisposing cause at least.—*Archiv. für Ophthalmologie*, 8d vol., 2d division, p. 199.

The rarity of goitre and exophthalmus in cases of simple anæmia, and the existence of them frequently where this state of the blood does not exist, argue in favor of something beyond or behind any pathological state of that fluid. The abnormal frequency of the heart's action, which is a constant symptom, and which is rarely attended by any structural disease of that organ, would seem to point to some pathological condition of the nervous system, and most probably, as Dr. Graefe suggests, of the *great sympathetic* or *vasa-motor* nervous system.

Dr. G., in an excellent article which is to be found in the same journal above cited, p. 278, gives an analysis of five cases of post-mortem examinations, which he has collected from different sources. These, he says, do not agree except in part, and we should be cautious in drawing conclusions from them in regard to the original or essential nature of the disease. Dr. Praël's case of post-mortem related in his article, shows that a serious organic disease of the heart and arteries *may* be the starting point of the disease, but this is only exceptional. In the majority of the cadaveric sections some changes have been detected in the heart, but they were not at all in proportion to the functional disturbance which existed during life, and are undoubtedly *secondary* alterations. In by far the greater number of instances of this *trinitarian affection*, the most careful examination does not detect, especially in its earlier periods, any organic change in the heart.

Dr. Graefe states that not one of eight cases which he has observed presented any symptoms of either increase of volume in the heart or of valvular disease. "The heart symptoms were confined to an enormously frequent and occasionally irregular action (between 100 and 180), a stronger and more widely diffused impulse as appreciated by the hand, slight systolic blowing murmur over the ostium aortæ and in the largest vessels, a subjective feeling of palpitation, and of constriction in the cardiac region; but all this without any appreciable increase of volume, and without the signs of valvular disease. As to the goitre, nothing could be

detected to distinguish it from ordinary degenerations of the thyroid. The exophthalmus depends for its cause, as all the post-mortems except Praël's demonstrate, upon a *hyperplastic development of the adipose and cellular tissue of the orbit*; but this is in all probability only a *secondary phenomenon*. From its sudden commencement, and, especially in the beginning of the disease, its notable increase during the attacks of palpitation, with subsidence as the agitation passes off, the ease with which the globe recedes in the orbit under pressure—and, finally, from Praël's post-mortem revelations, it seems highly probable that originally the dilatation of the veins, with the increased transudation of the plastic fluids from them into the cellulo-adipose tissue, forms the material ground of the disease."—*Dr. Graefe, Archiv. f. O.*, vol. 8, p. 280.

Graefe relates the case of a woman, 30 years old, in whom the exophthalmus and goitre followed an injury of the head from the falling of a piece of iron. The wound was very painful, but healed rapidly. In a few days the eyes became very sensitive, red, and painful; fever occurred, and a kind of nettle-rash appeared on her body. Six leeches were applied to the temple, from which there resulted great swelling of the head, face and neck, down to the chest. This swelling subsided in the course of three days, but left behind an exophthalmus so great that the lids could not be closed, and a decided goitre, which remained the same till she applied to Dr. G. about a year afterwards. Whether the injury of the head caused such a peculiar derangement of the nervous system as gave rise to the disease, or whether it was an accidental result of the swelling produced by the leeches, or a mere hastening forward of a trouble already in its incipency or on the point of appearing, it is impossible to determine. I mention this because my patient experienced a similar accident, with similar consequences, and the exophthalmus and thyroïdal enlargement, although certainly existing before, were much increased after the fall.

The affection under discussion occurs much oftener in females than in males,—about six times out of seven. In Graefe's eight cases, six of them were in women between the ages of 15 and 30. In one of these, there were marked symptoms of chlorosis; in another, slight indications of the same; in the other four, none at all. His two in men were the most severe; one was 38, the other about 50. The nine cases detailed by Praël were between the ages 15

and 50, and included only one man. The females, with the exception of one who was 43, were unmarried and between the ages of 15 and 20.

When the disease presents itself in men, it is at a much greater age than in females, and far more fatal to vision as well as to life. Of the five post-mortems collected by Dr. G., four were in men. Affections of the cornea are reported in ten eyes of five persons, *all males*. In three individuals, both corneæ were destroyed by a kind of sloughing, which led to atrophy of the globes before death. Of the other two treated by Dr. Graefe, one lost one eye entirely, but recovered, with a slight opacity of the other cornea; the second escaped with *leucoma adhaerens*, and the sight of one eye was restored by iridectomy.

The great danger to vision, where the exophthalmus is present in a high degree, is from inflammation, and sloughing or ulceration of the cornea. This unfortunate result is produced chiefly, no doubt, by the unnatural exposure of the corneæ, from its prominence, and the inability of the patient to close the lids over it, either in winking or in sleep. But that there is a predisposition to sloughing of the cornea is probable from the diminished sensibility of that part in nearly, if not all, aggravated cases; the peculiar character of sloughing in *dry scabs*, similar to that which is observed after division of the fifth pair of nerves in animals, or in certain pathological conditions of the brain, or of the trigeminus in man; and, lastly, from the fact of the relative greater frequency of corneal disease in this affection than in lagophthalmus paralyticus and protrusion of the eyes from tumors, etc., of the orbit, where the want of protection is equally great. No case of loss of sight has occurred, as far as I know, in females. In the few instances where simple symptoms of conjunctivitis, recurring frequently and causing trouble, have been observed in women, they have yielded generally to dietetic observances and simple topical applications. In two instances, Graefe relieved it permanently by the operation of *tarsoraphy*, by which the lids were made to unite at the external canthus, thus diminishing the palpebral opening.

The treatment of this disease is usually highly unsatisfactory. Theoretical notions of its pathology have suggested not a few remedies, which have been tried and abandoned one after the other. After trying ergot, after the suggestion of Prof. Rau, of

Zurich, and the different preparations of iron, with quiet, bandage, and judicious regulation of diet, I became discouraged, and imitated the example of Romberg and Graefe, by sending my patient to the country, and advising her to *drink milk*. In mild cases, especially where chlorosis or anæmia is present, the preparations of iron, *long continued*, certainly do good. Dr. Präel alleges that he has cured cases by giving them iron for five or six years. In aggravated forms, Dr. Graefe, as well as others, asserts that it is injurious, especially where the average frequency of the heart's action reaches 120 and beyond. The frequency of the pulse is in proportion to the gravity of the disease; and as this functional disturbance of the heart is first in the order of symptoms, it is the last to disappear, proving generally intractable to all treatment. Digitalis and other medicines, which usually diminish the frequency of the pulse, have very little influence upon it in this affection, and nearly always produce gastric disturbance, which makes it necessary to discontinue their use in a very short time.

Nearly all authors are agreed as to the unfavorable effect of *depletive treatment*, and the benefit of a judicious tonic course. In the aggravated forms of the affection, just when the sufferings of the patient call loudest for relief, therapeutics generally do no good and often harm, especially, according to Graefe, the preparations of iron. The fresh air of the country, with very careful exercise, a milk diet, and no medication at all, seem to promise most.

As to the treatment of the eyes itself but little is necessary, except when the patient suffers from frequent attacks of conjunctivitis, or the cornea is menaced with inflammation and its sad consequences. In the former case, keeping the eyes closed and frequently moistened with milk and water—aided, if necessary, by a weak solution of tannin, or other *very mild* astringent—will usually relieve the inflammation. If the integrity of the cornea is threatened, leeches may sometimes be resorted to, but great circumspection is necessary in their use. As the want of proper protection is the chief cause of the disease of the cornea, so protection by artificial means is the great thing to be done.

The lids should be kept closed as well as possible with a soft compress and gentle bandage, and moistened with mucilage or with milk and water. Sulphate of atropia in solution, frequently applied, is also beneficial in allaying inflammation and keeping



the pupil dilated. When the conjunctivitis is obstinate or the cornea is in danger, Dr. Graefe recommends and practices the operation of *tarsoraphy* with great benefit. The margins of the upper and lower lids are made raw by shaving off a little of the edge of each at the external canthus, and then brought together with a Carlsbad needle and suture. Thus they are made to unite for a distance of from two to four lines, according to the degree of prominence and danger. After the application of the suture or sutures, as the case may be, the patient should be kept perfectly still for four or five days, with a gentle compress or bandage over the eyes, to secure union by the first intention. The patient can close the lids perfectly over the eyes after a successful operation, and the corneitis and conjunctivitis subside. Besides, the cosmetic effect of the operation is very great, as it remedies the appearance of protrusion almost entirely. This is a very valuable resource in saving the eyes and improving the aspect of the patient, and it is another of the many original and practical ideas elaborated by the brain of that remarkable man, Graefe.

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ART. V.—*Case of Fracture of the Coronoid Process of the Ulna.*  
By JAMES I. ROOKER, M.D., Castleton, Marion county, Ind.

On the evening of August 4, 1859, John H., æt. 8, trying to walk a fence, fell on his right hand, the arm being extended, and which latter the parents thought was broken by the fall. Seeing the case some half hour after the accident, the injured arm was found considerably shorter; patient not able to flex or rotate the arm; the radius protruding over the external condyle of humerus; the ulna having slipped upwards and backwards, and the lower end of humerus showing itself about two inches below its natural position; all the bones receding to their natural situation, upon forcible extension being made, and slipping out again when the hold was relaxed. Fracture of the coronoid process was diagnosed; extension and counter-extension were made; the forearm quickly flexed upon the humerus, and retained in this position for three weeks; at the end of which time, the arm being released, it was found partially stiff; but he has been gradually improving since, and now very little difference can be discovered, except that the injured arm is still a little shorter.

### Proceedings of Societies.

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*Proceedings of the Montgomery County Medical Society.* Reported by J. C. REEVE, M.D., Secretary.

The society held its annual meeting in the city of Dayton, on Thursday, January 5, 1860.

The following gentlemen were elected to serve as officers for the ensuing year :

Dr. C. McDermont, of Dayton, *President* ; Dr. W. H. Lamme, of Centreville, *Vice-President* ; Dr. J. C. Reeve, of Dayton, *Secretary* ; Dr. J. Clements, of Dayton, *Treasurer* ; Dr. J. S. Taylor, of Carrollton, Dr. J. Davis, of Dayton, and Dr. J. D. Kemp, of Vandalia, *Censors*.

The retiring President, Dr. S. G. Armor, then favored the society with a valedictory address. His subject was "Medical Logic," and it was presented in a most pleasing and effective manner, and was applied not only to those outside the profession, but also to those within its ranks, who were constantly violating all the principles of evidence by the hasty manner in which they adopted new views or the crude manner in which they presented their experience. No abstract of the address, however, would do justice to its merits ; it was listened to with marked attention and pleasure, and a motion to request a copy for publication passed the society unanimously.

Dr. Davis, the regular essayist for the meeting, then read an essay upon rheumatism and rheumatic fever. The causes and pathology of the disease were considered at length, the writer not being satisfied with the current doctrines upon these points, while in regard to treatment he was in favor of a true eclecticism, and believed the practitioner would find in turn cases to illustrate the beneficial effects of each of the various kinds of treatment which had been recommended for this disease.

#### AFTERNOON SESSION.

Dr. Taylor presented quarterly reports of the diseases which had occurred under his observation during the latter half of the year 1859, of which the following is an abstract :

The first month of the period was remarkable for the high and

wide range of temperature, the thermometer indicating 96°, then a sudden fall occurred to 47°, and until the 27th it ranged about 75° for the day, and 55° for the night. During that period the diseases most frequently seen were *bilious* in character; there was cholera morbus with excessive bilious vomiting, diarrhoea with much blood in many cases, and bilious fever with jaundiced skin sometimes, and many cases of chills and fever.

Diseases continued of this character, until the 5th of August, when several cases of sore throat and hoarseness occurred. This form of disease spread rapidly, attacked old and young alike, went through whole families, and often those who had had scarlatina the winter or spring previous were now taken with the epidemic. The tonsils were greatly swollen and deeply ulcerated; it seemed to be a true tonsillitis. The disease yielded readily to remedies, and no fatal case occurred during the epidemic, which lasted until the latter part of September.

In October the prevailing disease was malarious in character until the 20th, when it subsided, and the disease of the throat again made its appearance, but in a much more malignant form than before. It may be truly said that, from the 20th of October to the present time, the only form of disease which has occurred in the range of practice to the north-east of my residence has been that affecting the fauces, tonsils, uvula and trachea: in other words, a most malignant form of *diphtheritis*.

From my commencement of the practice of medicine up to the time mentioned above, I had only been acquainted with diphtheritis through the books, and I had almost begun to believe that the disease described was only a malignant form of scarlatina. But I am now convinced of the correctness of the observations, and of the accuracy of the diagnosis of Dr. Brettonneau, of Tours, who described it as a new disease about 1818. It was characterized in his practice as a malignant disease, presenting symptoms of the most alarming character; the fauces, tonsils and uvula were swollen to their utmost capacity, and coated with a thick membrane. To give to the epidemic its most correct description and alarming nature, he summed up by saying that it often appeared as a palato-tonsillitis, laryngitis or cynanche maligna, when it assumed a *mild* form; but in its worst form *embraced them all* in their worst characters.

Of the correctness of his opinion I again say that I am fully convinced by the numerous cases that have occurred under my observation during the past quarter. In my practice the disease has been of the most malignant and alarming character, affecting all ages and sexes, those that have had the scarlet fever in its worst forms, as well as those who have never had it. Its commencement was generally insidious, often giving no premonitions that would alarm the most cautious mother, until the whole soft parts implicated were swollen to their utmost, very livid, and coated with a membrane that looked as though it had been produced by the introduction of a hot poker. In many of the cases the patients did not seem to be very ill, there being but little constitutional disturbance; in others there were fever, catarrhal symptoms and general restlessness. In some cases the tonsils and palate presented small yellow or whitish patches, which came off, leaving a deep scar, which sometimes bled considerably, sometimes but little.

Some of the cases presented large and hard swollen tonsils; in such cases the disease was generally of mild character. It was in those cases where all the soft parts of the fauces seemed to become filled with serum, and remained soft, and looked tepid and coated with a *whitish brown* membrane, that the greatest danger was to be apprehended. Secondary croup was a common though not a general sequela. When it did appear, it was always an alarming but not generally a fatal symptom. The duration of the disease was from three to ten days.

The treatment adopted by me consisted of various gargles freely used; small doses of sweet and castor oils, tepid herb and demulcent drinks; liniments to the outside of the throat, and various poultices, with a generous but fluid diet. Occasionally I applied mildly stimulating remedies to the parts with a camel's hair brush, but in no instance did I resort to what the good mothers call "swabbing."

In my practice but two deaths occurred, and yet candor compels me to say that the disease was very fatal, as I saw many in consultation, which terminated in this manner. And I must say in conclusion, that it has been the most alarming epidemic which has ever come under my observation, although I do not believe the disease to be contagious.

Dr. Kemp, practising in an opposite part of the county from Dr. Taylor, stated that an epidemic, similar in character to the one described by Dr. Taylor, had occurred in his neighborhood. He had seen many cases of it—some mild, others truly malignant. He thought it was different from scarlatina, and did not believe it to be contagious. When the cases were seen early, he had obtained good effect from the local application of a strong solution of nitrate of silver.

Dr. Taylor then read an interesting description of the post-mortem examination of a case of cancer of the pyloric extremity of the stomach. The patient had been under the care of a multitude of quacks of various hue, one and all of whom had treated him for dyspepsia; and not until he was seen by Dr. John Treon, of Miamisburg, was a correct diagnosis made. This was but a short time before death occurred. The examination confirmed the diagnosis, and was a triumph for rational medicine. Dr. T. indulged in some reflections upon the advantages which would have been derived by the patient, had he placed himself sooner under the care of a regular practitioner, even although he was suffering from an incurable disease.

Dr. Lamme read a paper upon the pathology, course, complications, symptoms and treatment of typhoid fever, with especial reference to epidemics of the disease which had fallen under his own observation. Remarks upon the paper and the subject in general were made by Drs. Taylor and Armor.

Dr. Taylor described the case of a patient from whom a cancerous tumor had been removed, and who was now suffering from a recurrence of the disease. He was anxious to obtain the opinion of members upon the question of another operation and upon the application of caustics.

In connection with this subject, Dr. McDermont related two cases of cancer, which had been placed under the care of quacks, who pursued the escharotic treatment exclusively in the treatment of this disease. In one case death followed very soon after the application of caustics to a tumor which was but insignificant in appearance when he saw it; the other patient was now on the verge of death.

Dr. Taylor also related a case of hæmorrhage occurring during parturition, to which he had been lately called. The patient was

nearly exhausted from the profuse loss of blood, which had saturated everything about her ; she had been for ten hours under the care of an " Eclectic," who advised further delay, although the os uteri was fully dilated, and the unruptured membranes were protruding at the os externum. No presentation could be felt, but upon rupturing the membranes an arm immediately descended ; the child was turned and safely delivered, the placenta removed, and the patient rescued from her imminent peril.

The society then adjourned.

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*Proceedings of the Newcastle Medical Society, Nov. 14, 1859. Reported by JOHN REA, M.D., Newcastle, Indiana.*

The society met pursuant to adjournment—President in the chair. Officers all present ; two members absent on calling the roll.

The minutes of the previous meeting were read and approved.

Dr. W. F. Boor, being regular essayist for the meeting, read a paper on *scarlatina*. The object of the paper was to elicit something in relation to the prevailing epidemics of sore throat, arguing the analogy between the two diseases from two considerations : first, the epidemic that prevailed here was preceded by the anginose variety of scarlatina ; and, secondly, the occasional eruption that accompanied the throat difficulty, notwithstanding it simulates a throat disease that has been and now is prevailing in different parts of the country, classified "diphtheria." Two hundred cases have been treated in this vicinity within the last eighteen months ; and further, that the mortality has not been so great as has been noticed in some other places : nine cases died, and nearly all of these at the inception or the breaking out of the disease. Some of the cases assumed the true membranous form, and all that proved fatal had that peculiarity distinctly marked. However, all of the cases had the ash-colored spots and ulceration.

The question was left open for further consideration, and comparing the views of others in different locations. The question is, whether it is diphtheria or malignant scarlatina.

Dr. Mendenhall reported a case of fracture of the skull, which terminated favorably.

Drs. John Darr and William M. Resoner applied for membership, were recommended by the Censors, balloted for, and declared elected, and signed the constitution.

Dr. Darr was appointed to prepare and read a paper on the pathology and treatment of milk sickness, or sick stomach, at the next regular meeting.

On motion, the secretary was requested to prepare and forward a copy of the proceedings of this meeting to the *Lancet and Observer* for publication.

On motion, the society adjourned, to meet on the second Monday in April next.

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[From the Medical and Surgical Reporter.]

*Proceedings of the Philadelphia County Medical Society. Held October 12, 1859. Reported by W. B. ATKINSON, M.D. Dr. Coates presiding.*

Subject for discussion—PATHOLOGY AND TREATMENT OF TUBERCULOSIS.

[Concluded.]

In respect to the treatment of tuberculosis, Dr. Condie had but little to say, excepting to record his unqualified dissent from the doctrine so strongly advocated of late years by a few physicians, that the most effectual means for the cure of tuberculosis, of the lungs at least, consist in active exercise, free exposure, without much attention to the state of the weather, or season of the year, a diet composed chiefly of fat meats, rich broths, and gravies, with free indulgence in fermented or distilled liquors.

Dr. C. was no advocate for the old system of treating tubercular consumption, or any other form of tuberculosis, by confining the patient within doors, in a room kept day and night of a particular temperature, enveloping him in flannels, and feeding him on slops; nor for the more active treatment once in vogue, when consumption was ranked with the phlegmasiæ, by bleeding, blistering, antimonials and mercury. He was not so certain, however, that cases of tubercular bronchitis or pneumonia may not occur in which a well-timed application of cups at least, and repeated blistering, will not be found appropriate remedies, adapted to ameliorate urgent symptoms, and by keeping within bounds the inflammatory condition of the lungs, render greater the chance of an arrest of the existing disease. Dr. C. thought he had seen, in some instances, the application of dry cups to do good when any more positive depletion would have been inadmissible. Let this be as it may: Dr. C. was convinced, that, by forcing tuber-

culous patients to partake of too much and too rude exercise, by exposing them indiscreetly to cold and damp, and over stimulating them by too full and rich diet, and the free use of alcoholic liquors, many have been hurried to their graves, whose lives might have been protracted, with a considerable amount of comfort and even enjoyment, by a more rational course of treatment. It is very true that many cases of pulmonary tuberculosis do occur, the advanced stages of which are attended with great prostration; and that, under such circumstances, as full and nourishing a diet as the stomach will tolerate, with the moderate use of wine, malt-liquor or even brandy, will be found to act beneficially, and to prolong the patients' lives.

While Dr. C. could not be induced to view rude and protracted exercise, free exposure to the open air, at all seasons and in all weathers, with a full nourishing diet, as means proper to be resorted to in every case of fully developed tubercular disease, believing that under such circumstances their effects would be rather injurious than curative, particularly in the form with the complications under which tubercular disease of the lungs usually presents itself in this climate, he was, nevertheless, well persuaded that these very means, in conjunction with proper clothing, warm bathing, and frequent dry friction of the skin, are those best adapted to counteract to a very great degree, if not to eradicate the tubercular diathesis, in cases, too, in which this is strongly pronounced. Even in those instances in which we have good reasons for concluding that the formation of tubercles had already commenced in the lungs, daily active exercise in the open air, a full and nourishing diet, and cheerful but not too intense or prolonged mental occupation, are the means from which the most good is to be anticipated. It being always kept in mind, however, that tuberculous subjects are particularly subject to the morbid influence of cold and dampness, as well as of over-fatigue, in order that they may be protected from the one, appropriate clothing during the exposure to the weather and the occupation of clean, dry, well ventilated apartments, of sufficient warmth, when in doors, should be insisted on; and from the other, the amount, kind and duration of the exercise should always be carefully adapted to the ability of endurance in the patient.

In favor of the curative powers of the cod-liver oil in cases of



tuberculosis in the adult subject, Dr. C. could not bear any favorable testimony. He had employed the article, from its first introduction, in nearly every case of tubercular consumption that since then had fallen under his notice, and that fully and faithfully; but he could not say that he had found it to cause those beneficial effects, either in the arrest of the progress of the disease, or in the decided amelioration of its symptoms, that have been ascribed to the article in cases of pulmonary consumption, by some high authorities. In the case of infants and young children of a tuberculous diathesis, he had, however, found the diligent use of the codliver oil to produce wonders. Under its administration he had seen take place what to him appeared an entire renovation of the constitution in his little patients, and that of a permanent character.

In respect to the curative powers of the hypophosphites in tubercular affections, Dr. C. had not had sufficient experience to enable him to speak with any certainty.

Facts have been recently adduced to show that an intemperate life is adverse to the occurrence of tubercular disease, at least of the lungs—it being found, it is said, that the bodies of habitual drunkards rarely present, when examined after death, a trace of tubercle. Upon these supposed facts has been based the proposition to resort to the free daily use of alcoholic drinks, not merely to prevent the occurrence of tuberculosis, but to effect its cure when present.

Dr. Condie did not believe in either the preventive or curative powers of alcohol in tubercular affections. Evidence the most unexceptionable can be presented to show that a life of drunkenness is by no means a safeguard against the occurrence of pulmonary consumption, or of the deposit of tubercle in any of the organs or tissues of the body. That those who partake daily of alcoholic drinks are as prone, if not more so, to the occurrence of tubercular disease, as those who abstain entirely from their use, is a fact susceptible of the clearest demonstration. That, on the other hand, these drinks have no specific therapeutic powers in tuberculosis, has, we believe, been very fully shown by, among other facts, their very extensive employment in cases of consumption, at a former period, when this disease was inscribed upon the list of diseases resulting from or attended by debility.

There may, unquestionably, occur cases of tubercular disease, or, at least, there may be special circumstances connected with it, or certain stages of particular cases, when, from the symptoms of extreme exhaustion present, a remedy is required to rouse and sustain the patient's strength; alcoholic stimulants, cautiously administered, may then be proper and even necessary.

The loose general terms in which a free use of fermented or distilled liquors have been recently proposed as a remedy for tuberculosis, would, Dr. C. feared, lead to the most disastrous consequences. There is in many persons a proneness, when once a taste for intoxicating drinks has been acquired, to indulge in them to excess. In such, even moderate stated doses of alcoholic stimulants will speedily create habits of confirmed intemperance. It will not do, in the face of known facts of every day occurrence, in every community, to say that the danger here alluded to is an imaginary one—unfortunately, it is too real. And when we consider the misery which intemperance inflicts upon not only its victims, but, through them, upon families and friends, and the community at large, more humanity, it appeared to Dr. C., would be displayed towards the consumptive by allowing his disease to pursue its usually fatal course, than to entail upon him the curse of an intemperate life, in our efforts to cure him by the administration, day after day, of intoxicating drinks.

In conclusion, Dr. C. remarked, that almost every question in respect to the etiology, pathology, and proper treatment of tuberculosis, is an open one. Little, if anything, positive is known in relation to any one of them. The disease in all its bearings remains a subject for future, and more full and accurate investigation. It is one adapted to yield, he was convinced, the most interesting and important results to whoever, possessed of the necessary qualification, opportunities and time, is willing to undertake the task.

Dr. Bell said that, in listening to the remarks of Dr. Woodward, introducing the subject to the notice of the society, he thought of the objections which some are always prone to make, whenever pathological anatomy and histology are the themes. In the present instance he can not refrain from expressing his gratification with the paper of Dr. Woodward, who has treated the subject succinctly, learnedly, and yet without pedantry. There is

a closer connection than is generally admitted between the pathology and the treatment of pulmonary tuberculosis. At one time, under mistaken views of its being the result of inflammation, and of what were really either epiphenomena or intercurrent affections, such as pneumonia and pleurisy, the depleting and reducing practice was carried out, often to a great extreme. Now that we know the formation of tubercle to depend very largely on depraved digestion and imperfect hæmotosis, we avoid this false treatment, and have recourse to remedies of a very different kind. Although we may remain ignorant of the proximate cause of tuberculosis, there is still a large class of remote as well as determining causes which require a close scrutiny, and in the proper appreciation of which much of our success in the prevention if not in the treatment of the disease, or a change in the diathesis, will depend. Among these, the conditions of atmosphere, represented by seasons and climate, figure very conspicuously.

Dr. Bell stated that, when yet a youth, in Virginia, he read in, he thinks, Coxe's *Medical Museum*, of relief having been obtained by some English consumptive patients, from their going over to Holland and breathing the damp, marshy air of that country. The theory was, that those persons whose lungs were supposed to be in a high state of irritation, and probably also of inflammation, would be benefitted by breathing a reduced atmosphere, moister, and containing a larger proportion of carbonic acid than the air of the plains, and *a fortiori* of the mountains. At a later period, Norfolk, from its proximity to the dismal swamp, and its low situation, acquired temporary vogue for the same reason. The reputation of Pisa as a winter residence for invalids was long attributed to this cause. Within the last few years a French army physician, M. Boudin, generalizing his views from facts of this nature, lays down a theory of what he calls the antagonism between phthisis pulmonalis and intermittent fever, and asserts that the cause of one of these diseases—as, for instance, malaria or marsh air of periodical fever—is curative of the other, or consumption. Such a theory is too limited in etiological explanation, and is not supported by extended observation. Marshy or low lying regions do not, by any means, give their inhabitants immunity from consumption, as claimed for them by Boudin.

From an early period, great faith has been put in the sanative

effect of sea air in this disease, especially that of mid-ocean, in warm latitudes. Dr. Bell related an early lesson which he got from a case which came under his care. The subject was the first mate of a Philadelphia ship, of which Dr. B. was surgeon, on her voyage from Canton to Rotterdam, 1818-19. This person, by birth a Virginian, was seized with hæmoptysis off the Sandwich Islands, on the passage from South America to China. The immediate cause was a chill and suppressed perspiration in the evening, after previous great fatigue encountered in aiding to get the vessel off a reef on which she had grounded. This person, when first seen by Dr. Bell at Canton, was obliged to keep his state room, owing to exhaustion caused by hectic fever, cough with copious purulent expectoration, and night sweats. But little medicine was prescribed, and he was encouraged to hope for great relief when he got out to sea. The vessel sailed before long, but the China sea was traversed without his experiencing any benefit. Dr. B. held out the prospect of a better state of things when they should get fairly at sea, beyond the reach of air from the islands and the variable winds about the time of the change of the monsoons, in the China sea. But the straits of Sunda were passed, and the vessel ploughed her way through the Indian ocean, without any amendment in the state of the patient. The south-east trade wind, refreshing and grateful to all those on board, failed to soothe or refresh the invalid, whose movements were limited to a visit to the cabin, where he would sit during a portion of the morning.

His diet was for the most part vegetable, consisting of ship-biscuit, rice, sago in abundance, and potatoes. Learning that he had previously suffered from excesses in the use of distilled liquors, every alcoholic stimulant was withheld from him. The Cape of Good Hope was doubled, and the trade wind again reached; but neither the south-east nor the north-east, blowing over the broad Atlantic, had any genial influence on the patient. In the interval between losing the first and gaining the second of these "trades," or while crossing the equator, he suffered greatly from the extreme heat and calms always prevailing in those latitudes, in which the vessel seems to drift apparently without direction or progress, as if the lay of the "Ancient Mariner" were to be inevitably realized. "When we were off the Azores," says

Dr. Bell, "I was very desirous that our vessel should stop at Fayal and land our consumptive patient, under the hope that he might be benefitted by the climate of this island and escape his otherwise inevitable doom if he encountered the bleak winds and chilling humidity of the atmosphere of the English Channel and the German Ocean." But the captain was afraid that his insurance would be affected by a stoppage at a port not called for by stress of weather or want of provisions, and he held on his way to the first place called for by his instructions, viz : Cowes, Isle of Wight, where he would be told by the London house of his final destination. This was Rotterdam. To the surprise of his doctor, the sick mate was so much better when the vessel anchored at Cowes that he was able to come on deck, and move about with a readiness he had not displayed for eight months previously ; and this during a season (the spring) more than usually trying by the long continuance of easterly winds and the prevalence of influenza. In the period of a few days, while crossing the German Ocean from England to Holland, Dr. B. suffered more bodily distress from catarrh and pains of the limbs, owing to this atmospheric constitution, than he had done during the whole five months and a half passage from Canton to Cowes. His patient on the contrary, as if to set all former climatic creeds at defiance, continued to mend, and when the vessel reached Rotterdam, he was able to do ship duty and to take his turn as officer on deck. During the month that elapsed before the vessel's sailing for the United States, and Dr. Bell's laying down his office of surgeon, this person continued to improve, although still troubled with cough and abundant expectoration. Of his subsequent history the speaker knows nothing. It is well to state, that this man, so soon as he was able to come on deck, and especially after his resuming ship duty, began to take his grog and ate at table, with the rest, things tolerated but not prescribed by Dr. B.

Analogous experience on a larger scale, going to show the fallacy of the prevalent belief in the superiority of warm over cold climates in the treatment of consumption, was furnished by Dr. Sinclair, a navy physician in the British fleet in the Mediterranean, during the long war between France and England. The writer tells of the frequency of the disease among the crews of the vessels of war cruising in that sea, and the rapidity of its course.

He compares the crew of a ship of the line on the Mediterranean station with the crew of another vessel in the German Ocean, during the winter months; and shows that the latter suffered much less from phthisis than the former. Then came the observations of both English and French physicians on the deleterious climatic influence of some of the West India islands on the disease. Dr. Chisholm, speaking for Antigua, and at a more recent period Dr. Rufz for Martinique, may be cited to the same effect. Still more extensive statistics published by the English Government on the great mortality from phthisis among their troops in that quarter of the world, showing that the deaths were as numerous in proportion to the entire force as among the Horse Guards in London, would of themselves convince us of the fallacy of the received opinions on medical climatology.

At one time we were told that a residence on the sea coast was injurious to persons who were either predisposed to or suffering from tuberculosis, owing to the mixture of the sea and land air; but, in reply, we would ask, Are not nearly all the favorite spots for consumptive invalids thus situated—such as those on the southern coast of France and on the western one of Italy, and the island of Maderia? It is alleged, however, that in such places the exposure to the southern and western winds has a sanative tendency not possessed by those exposed to the winds from the east and from the north. “Here, again,” continues Dr. Bell, “I received a good practical lesson, a few years after my coming to Philadelphia. It was in the case of a connexion of mine, a Market-street merchant, who was predisposed to phthisis, and who many years subsequently died of it, in the interior of the State. At the time of which I speak he complained most of dyspepsia, and suffered from hypochondriasis, paying, however, frequently the tax of bronchial disorder. In the middle of a winter this gentleman consulted me about his going to the Jersey shore, and taking two or three weeks’ holiday, in fishing and boating, etc. Of course I protested against his doing so, and gave the customary reasons, going to show the danger he would incur. On his replying, however, that he had made similar excursions in former years, and had returned home much benefitted, I gave a reluctant consent. He went to the shore, staid out the time proposed, having boated, and fished, and shot some game,—roughed it, as the

phrase is, in every way, including hearty meals of salt pork and corn bread. He was always abstinent from the use of ardent spirits, and indeed of all alcoholic liquors. On his return, to my agreeable surprise, I found him every way better, and the gainer even of some flesh." One need not expatiate on the nature of the climate of the sea coast of New Jersey, during the winter, nor of its searching east wind.

After speaking of the frequency and rapid course of phthisis in warm and even tropical climates, it is not necessary to say how fearful a scourge it is in what are called, by an odd misnomer, temperate climates, such as our own. But the fact is not generally known, that, in proportion as we advance to the north, we find the disease to be of less frequent occurrence. In Canada, Newfoundland, Nova Scotia, and New Brunswick, the proportionate mortality among the British troops stationed in those colonies is not more than one-half of that which is met with in Great Britain, on the one hand, or in the West Indies, on the other. A similar gain is said to be exhibited in favor of the troops of the United States in the northern posts. Phthisis is less fatal in Scandinavia and northern Russia than it is in central and even southern Europe. In Iceland, the inhabitants of which live in one of the most ungenial climates in the world, and where food is poor and insufficient, the disease is scarcely known. But, to show the extreme difficulty of the problem of the etiology of consumption, which we have yet to solve, we are told that the disease is quite common in Greenland. But a few years ago the living on a mountain elevation, the air of which is cold and rarified, would have been thought a very rash step for a consumptive invalid, especially if he had suffered from spitting of blood. We had forgotten, however, the fact that the monks of the Great St. Bernard never have tuberculosis, and we had to learn that the inhabitants of the mountains of Hartz, Thuringia, and the Black Forest, living at the height of from 5,000 to 6,500 feet above the level of the ocean, enjoy a similar immunity. In South America, consumption is not mentioned among the diseases of St. Louis de Potosi. Dr. Tachudi, after five years' residence in Peru, and Dr. Smith, after nine years, agree in saying that this disease, which is quite common on the sea coast, diminishes in frequency and becomes of rare occurrence as the height of the country increases,

or from 5,400 to 10,000 feet above the ocean. Dr. Nichols, during ten years' practice in Paz, a city with 40,000 inhabitants, and at an elevation of 12,000 feet, did not see a single consumptive patient. It is almost unknown at Quito, placed under the equator, but at a height of nearly 9,000 feet. Humboldt had written, now several years since, that the city of Mexico, at an elevation of 7,800 feet, was nearly exempt from the disease. M. Lombard's observations, while confirming the opinion of the salutary influence of elevated regions in phthisis, would seem to show, however, that this only begins at a height of 3,200 feet, and that at less elevations, as from 1,200 feet to 1,500, the disease is more frequently met than in lower regions. Tuberculous affections are represented to be much more common in the mountainous districts of the canton of Zurich, than they are on the borders of the lake.

It is worthy of remark—and herein most probably consists the drawback to a northern residence for consumptive invalids,—that acute pulmonary inflammation, bronchitis, pneumonia, and pleurisy, are of far more frequent occurrence in a mountainous and cold climate than in a warm southern one; which, while in a great measure exempt from these affections, exposes its inhabitants in a larger measure to tuberculosis. In these facts we find a clear proof of the special character of phthisis, and of its development not being dependent on acute pulmonary inflammations.

As relates to the strictly medical treatment of pulmonary tuberculosis, Dr. Bell had little to say. He has at times, as every medical man must have, found himself embarrassed in knowing what to do, when, in a case of this disease, and especially towards its latter stage, pleurisy or pneumonia is met with, and sometimes both united. Failing to abstract blood, there is danger of immediate fatal results; and, on the other hand, depletion in this way aggravates the tuberculosis, and increases the morbid deposit and formation.

He could not express any definite opinion of cod-liver oil. In common with other practitioners, he had prescribed it, and urged a persistence in its use, but he has not seen a case of phthisis cured by the administration of this article. There would seem to be sometimes a suspension for a longer or shorter period. The same may be said of the hypophosphites. He adverted to a case in which, after an attack of lobular pneumonia, the symptoms of



phthisis were clearly manifested—cough, purulent expectoration, a very frequent pulse and night sweats. Without undervaluing the aids furnished by the microscope in ascertaining the existence of tuberculosis from the sputa, Dr. B. believes that one is seldom deceived in the appearance of the matter brought up by expectoration, when examined merely by the naked eye. The physical signs in the above case pointed clearly to incipient softening of tubercle. The treatment, after a subsidence of the inflammatory symptoms, consisted in the use of cod-liver oil and phosphates, nutritious food, claret, the wine preferred by the patient for drink and free exercise in the open air. The last and most important part of the advice has been imperfectly followed. The patient now about fifteen months under treatment, attends to his business, lost long ago his night sweats, and although plagued with cough particularly in the night, may be said to enjoy average health. Has his disease been arrested by the use of cod-liver oil and the phosphates? Dr. Bell dare not answer in a positive manner.

He has had under his care an individual who has hereditary predisposition to the disease, and who is the only surviving member of the family. Threatened many years ago with the disease in due form, it has been successfully warded off by active exercise in the open air, whether the weather were pleasant or cold or rainy. Extensive experience in different countries shows beyond question the much greater liability to phthisis of those who lead an indoor life, and are pent up in close and badly ventilated rooms than of those who spend much time in the open air, even though they are exposed to many hardships, are badly fed, scantily clothed, and sleep in close or in very open rooms.

In carrying out the dietetic course now in vogue—viz: abundant alimentation, and the free use of alcoholic liquors, among which ardent spirits figure prominently—we must bear in mind the fact noticed by the cautious Louis, that the stomach and intestines are in a large majority of cases, the seat of inflammation, softening, thickening, with ulceration, circumstances which must modify a little the stimulating treatment. At any rate, it is not within the range of probability for the digestive canal, in such a morbid state, to be able to convert into chyle, and separate residual factors as completely and regularly as a healthy stomach and intestines would do. And yet we see nutritious meats and culina-

mixtures, condiments and stimulating drinks of various kinds, swallowed by the consumptive invalid, which could scarcely fail to cause gastric and colonic dyspepsia in the healthy and even robust subject. The evidence ought to be very clear in favor of the free and prolonged use of strong alcoholic drinks; and that evidence is still wanting to prove either its superior prophylactic or therapeutical properties, in the face of the world-wide experience of the destructive effects of such a course, by inducing a habit of drunkenness, and its innumerable concomitants of physical and moral ills.

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### Editorial Translations.

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[We briefly noticed the following paper in our last. It is certainly of great practical value.]

*Local Narcotism produced by the Injection of a Solution of Sulphate of Atropine on the Pneumo-Gastric Nerve as a Means of curing Asthma.* By A. Courty, of Montpellier.

M. Velpeau read this paper for the author at the meeting of the Academy of Sciences, November 6th.

Madame C., 54 years of age, was attacked with asthma four years ago. About a month since M. Courty was called to see her, and found her suffering from an attack which had existed for several days. On auscultation no organic disease of the heart was observed, but there was pulmonary emphysema towards the summit of both lungs, and a spasmodic contraction of the bronchia, trachea and larynx, producing the most intense sibilant râles. An emetic, a purgative, frictions on the neck, with mercurial and belladonna ointments, antispasmodic pills, composed of opium, extract of valerian and belladonna in equal parts, the internal use of chloras potassæ, and flying sinapisms, produced at the end of fifteen days a marked relief, especially during the intermission of the disease, and in enabling the patient to lie down in bed. The same means were employed during another attack with the same efficacy, and seemed to prevent a new paroxysm,—without, however, allowing the patient to leave her room. Some months afterwards a third paroxysm, refractory to fumigations of stramo-

nium and the cigarettes of Espic, was relieved by the use of pills of Depuy, the waters of Eaux-Bonnes and the application of blisters on the chest, dressed with the muriate of morphia.

On the 28th August, 1859, M. Courty was called to see the patient suffering from another paroxysm, in all points like to the severe attacks previously observed. He then resolved to try the effects of local narcotism. Consequently during the same day, at 3½ P. M., he injected six drops of a solution of sulphate of atropine, equal to about two millimetres, at the inner side of the left sterno-cleido-mastoid muscle, on a level with the thyroid cartilage, along the course of the sheath of the vessels and nerves of the neck. The trocar was pushed in only to the depth of seven or eight millimetres, for fear of wounding the important organs of this region. Some minutes after the injection, vertigo, dryness of the throat, dilatation of the pupils, frequency of the pulse, and great sensitiveness to the touch. Her respiration was easier. (Sinapisms to the feet.)

During the night of the 29th there was some restlessness and delirium; some cough at 2 o'clock A. M. However, she has been able to lie down in bed and to sleep at short intervals (a pill of twenty-five millegrammes of ext. opii). At 11 A. M. the oppression is less, more headache, now and then some vertigo and cough. The *second injection* of six drops was made at the same level on the right side, but at double the depth. Having made the wound with the trocar, the canula alone was pushed in slowly so as to advance without danger as near as possible to the pneumo-gastric nerve. At 11½ A. M., somnolence, congestion of the head—the patient, however, uttering no complaint. The symptoms of narcotism increased. At 3 P. M., she laid in a stupor, which the nurse said had seized her after 11½ A. M. She did not recognize any person in her room, and seemed frightened when any one approached her, talking incoherently and then in a few moments replying very laconically to questions put to her; headache, dry mouth, a burning sensation in the pharynx and oesophagus, dilatation of the pupils, small, frequent pulse, respiration almost normal. (Sinapisms to the feet; ten centigrammes of ext. opii, to be divided into four pills and one to be taken every half hour, until a marked change in symptoms occur.) At 9 P. M., the symptoms of intoxication were less. (Sinapisms to feet; another dose of opium.)

During the night of August 30th the sleep was disturbed by dreams. Respiration not quite so free as it was yesterday during the intoxication, saburral state of tongue, pasty feeling of mouth, no appetite, decided constipation. (Castor oil.) 10 P. M.—She vomited the purgative, and everything which she took after it; laxative lavement was passed away very soon without fecal matters.

She passed the night of the 30th August very well; slept several hours. Tongue still covered with a thick, yellow, saburral coat, bitter taste, disposition to vomit. (To have five centigrammes tart. emetic.) After the first dose the patient vomited some yellowish green matter, and felt fatigued. The respiration is freer, expectoration easy; there is very slight cough. The menses appeared at proper time.

September 1st.—Less sleep than preceding night; for the rest, no cough, easy expectoration, natural respiration. At 11 A. M., the *third injection* of seven drops was made above the last point on the right side; the canula was pushed in to the extent of two centimetres, and moved from above downwards, so as to disperse the liquid over a great surface along the track of the nerve. 2 P. M.—Since 11½ A. M., the patient is under the influence of atropic narcotism. (Sinapism to the feet, pills of twenty-five milligrammes of extract opii, to be taken every thirty minutes, until the symptoms of intoxication cease.) 7 P. M.—The patient has recovered her consciousness. Since 4 P. M., after having taken two pills of opium, the cephalalgia has diminished steadily; there is still some giddiness, and a little dryness of the mouth; no cough since this morning, respiration very easy.

From this time—that is to say, four days after the first injection—the paroxysm of asthma entirely disappeared, and the patient may be considered as cured.

October 1.—Mad. C. is entirely well. She breathes easily, digests well, and can go about and attend to the affairs of her house.

November 1.—The cure still continues.

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*A Small Baby.*—A living child weighing two pounds and nine ounces, the *New Orleans Hospital Gazette* says, was lately born at full term, at an infirmary in that city.

### Correspondence.

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BOSTON, MASS., January 7, 1860.

*Messrs. Editors:*—The *Lancet and Observer* comes, this new year, as a welcome guest, bearing upon its well filled pages the impress that medicine is progressive, and that its devotees are not weary in their continued efforts to discover and elucidate truth. It is now a most befitting time to renew one's energies for a higher standard of excellence in all that pertains to the healing art. It is also a suitable time for the physician not only to examine his pecuniary standing, and see how his labors have been rewarded during the year, but to open the book of *success* and *failure*, wherein is recorded his experience in the great contest he has been waging with disease and death. In striking the balance-sheet, and comparing his successful and non-successful cases in practice, it is interesting to know how much *nature*, his *faithful ally*, has done for him, and how much he is willing to put to her credit, and how her secret workings will compare with his own best endeavors; while, on the other hand, when death claims his patient in spite of nature and his own efforts, it is equally incumbent upon him to reëxamine himself, and see whether he thoroughly understood the case, and brought to bear upon it that amount of medical skill that the patient had a right to demand. Happy is he who can conscientiously say that he employed his whole ability in the study of disease, in all its varied types, and applied the best known remedial agents for its eradication.

Small-pox and varioloid are still prevalent as an epidemic in this city. From seven to eleven deaths occurred weekly during last month. Does this result from imperfect vaccination at first? Or is there an actual degeneration of matter transmitted from arm to arm? Or is it from a culpable neglect on the part of the people to use the means within their power to protect themselves? Upon the first and last inquiries there can be no doubt; upon the second there is a difference of opinion. From the number of cases of varioloid, and an occasional case of variola where the person bore a vaccine mark, some have almost begun to question the protective power of vaccination. In the absence of variola for some time,

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people are apt to become negligent and indifferent about protecting themselves ; hence I sometimes think an epidemic of this kind is, upon the whole, a good thing. It compels persons to do what law and medical teaching often fail to accomplish. Persons not only should be vaccinated once, but *should be compelled* to be vaccinated once in a certain number of years. The city physician has issued a notification calling upon our citizens to be revaccinated, saying, "that if properly performed it will prevent a *fatal* attack of small-pox," and also "*any* attack, even of *varioid*." He denies "that vaccination has lost any of its protective power." A belief is held by some physicians in London, that there may be a degeneration of lymph from its frequent transmission through the human subject, and that a renewal from the cow is essential. This has been done three or four times in Boston within the last ten years. It is well known that in France this is carried to greater perfection than in any other country. In order that the matter direct from the pustule of the cow may not be too active upon the child, it is found advisable to transmit it from calf to calf seven or eight times before it becomes suitable for children. Reasoning from this fact, it is thought that the lymph, undergoing so many transmissions for a long series of years, must lose some of its preventive power.

Another important question, and one not settled, is the possibility, where matter is taken from infants in cities, of its being deteriorated, or changed, in any degree, with syphilitic or any other hereditary virus. A majority of evidence appears against the supposition. Too much caution, however, can not be exercised in obtaining lymph from a pure vesicle, which has gone through the course regularly ; nor can we be too precise in fulfilling all the conditions necessary for a perfect vaccination.

It appears that, for thirty years prior to 1837, only 37 persons died of small-pox in Boston, and most of them were seamen and emigrants, who died at Rainsford Island. At that date, all laws relating to this disease were repealed, and the number of deaths for the succeeding twelve years were 533. During the last ten years the deaths have occurred as follows : in 1850, 189, in 1851, 63 ; in 1852, 12 ; in 1853, 5 ; in 1854, 118 ; in 1855, 182 ; in 1856, 73 ; in 1857, 2 ; in 1858, 2 ; in 1859, 154 : total 825.

The facetious editor of the *Boston Traveller*, in his review of the week, thus discourses: "Croup, of a peculiar form, has been very prevalent of late, carrying terror into families, and in not a few of them leaving wounds that never will be healed. It is one of those cowardly agents of Death, that the grisly genius, as our Northern imagination paints him, employs to slay children, as the destroying angel visited the homes of the subjects of Pharaoh. It causes little shrouds to be made, fills little coffins, and digs little graves, that shall crumble beneath the cold winds that knell around them. It is a complaint entitled to the highest place in the romance of the history of disease, one single case of it having changed the whole course of history, and affected the welfare of tens of millions of people, as it will hundreds of millions yet to be born. There would have been no throne for the present Emperor of the French, and perhaps no fall for the first Napoleon, if it had not been for a single case of croup that occurred about half a century ago, and which proved fatal to the eldest son of Louis Bonaparte and Hortense Beauharnais, which child Napoleon I. contemplated adopting as his heir. The boy was bright, and Napoleon is reported to have said of him, "There is a child fit to succeed, perhaps to surpass me." He was much affected by the boy's death, and from that time the idea of the divorce from Josephine took firm possession of his mind. Why he did not adopt one of the boy's brothers is not so clear, but probably because of the quarrels he had with their father, the effect of which was to alienate him from the whole family. If the little prince had lived, the Emperor would never have divorced Josephine, nor entered upon that fatal Austrian alliance, which had more to do with his downfall than any other event of his career. He would have died in the purple, though he was not born in it. There would have been no restoration, and the Napoleonic dynasty would probably have become as firmly seated on the French throne as that of Hanover is on the throne of England. The present Emperor would never have been heard of, save as a prince of the blood. There would have been no Waterloo, no captures of Paris, no revolution of July or of February, no monarchy of the barricades, no republic of '48. But a solitary attack of croup changed everything, showing how important may be the consequence of 'a slight cold' if it shall not be attended to promptly and effectively."

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Dr. M. S. Perry, who enjoyed probably the largest practice in the city, died in November, after an illness of eight months or more. His health was generally good up to his last sickness. During his confinement his principal pain was located in the right iliac region, and for the last few months a perceptible tumor or enlargement was discovered about the commencement of the colon. For many months he was obliged to take from 100 to 200 drops of laudanum, or its equivalent of the fluid extract of opium, besides frequent enemas of the same, to allay his pain. A post-mortem revealed a *canceroid* disease of the *ascending colon* for the space of three or four inches just above its origin; also a very large deposit of tubercular matter in the lungs, although he was entirely free from any symptoms indicating such a deposit, with this exception (if it may be called one), that some four years previous to his death he had a very slight attack of hæmoptysis.

Dr. Winship, of Roxbury, who has lectured to some extent on "Physical Culture," has increased his own strength by his gymnastic practice, so that he now lifts easily, with his hands alone, 1082 pounds.

The matrimonial statistics of Boston for 1859 show that there were issued certificates of intention of marriage to 2,625 persons, an increase over last year of 307. This being "leap year," that number ought to be largely augmented, much to the joy of many a forlorn bachelor! It is hoped this "complaint" may be contagious even in *your* city, to such a degree that your editorial sanctum may be invaded.

There has been a steady decline in the mortality of Boston since 1850. During the year 1859 there were 3,724 deaths, a decrease of 116 from that of the previous year. How much this is due to the improved sanitary condition of our city, or to the increased skill of our physicians, is a question.

B.

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CLEVELAND, OHIO, January 2, 1859.*Editors Lancet and Observer.*

The following curious case occurred in De Root Co., Indiana, about six weeks ago. An old woman, about eighty years of age, was troubled a good deal with *wiches*; and in a fit of *wichcraft*, or something else, attacking her husband, as old as herself, with



an old axe and club, succeeded in beating him to death. This was on Friday, and she was lodged in jail at Auburn. On the following Sunday she secured a common case knife, sharpened it on the stove pipe, and would have cut her throat, but concluded that the knife was not sharp enough for that operation. She then took up a fold of the integument of the abdomen near its hypochondriac region, sawed a hole through that, two and a half inches in length, horizontally—drew out a portion of the omentum, then got hold of the colon, drew that out far enough to divide, and then cut off about five inches in length which she threw in the stove, but it was secured before it was burned up. The iliac end was left protruding about two inches.

No surgical assistance was rendered, as it was supposed she would die. Nature, however, set about effecting a cure, and she is now alive and getting well.

Being on business last week at Auburn, and hearing of the case, I visited her in the jail. She appeared to feel very well, appetite good, and ate anything that was provided for her, the excrement passing out at the end of the divided colon, which projected about an inch, the integument healing over it all. The only danger to be apprehended was strangulation from the cicatrix. Bowels move naturally and digestion went on as usual, and from appearances she will now get well.

Yours,

A. J. GARDNER, M.D.

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*Editors Lancet and Observer.*

*Dear Sirs:*—An occasional reader of your journal is pleased with the large amount of practical matter published in the work. Next to a good medical education, the young practitioner—and after the “old doctor”—wants facts sustained (demonstrated, if you please) in the field of practice. We have all *felt* this want acutely, especially during the first years of our practical life.

One of your contributors asks for facts, etc., as to the use of opium in the parturient process, and diseases of childbed. If the subjoined statements are of any value, use them.

In the treatment of over 1200 obstetrical cases, at maturity, (as per record,) and a large number of abortions—opiates with camphor have been largely and *almost* indiscriminately used,

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except, perhaps, some cases of puerperal convulsions requiring caution in their administration. Directly after delivery, the patient received an opiate, and the dose was repeated as often as necessary to produce rest, and freedom from "after pains," if possible; varying the form of the prescription, and the amount of medicine used, according to the peculiarities of each case. Laxatives and other remedies used when necessary, during confinement.

*Results.*—In the 1200 cases had no puerperal peritonitis, inflammation of the uterus, uterine appendages, vagina or bladder.

Met with one case of phlegmasia dolens, in a mild form, in a very delicate young subject; confined some weeks with laceration of perineum. And two cases inflammation of the labia pudendi, one terminating in suppuration, the other by resolution.

CINCINNATI, January, 1860.

OCCASIONAL READER.

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### Reviews and Notices.

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THE DIAGNOSIS, PATHOLOGY, AND TREATMENT OF THE CHEST. By W. W. GERHARD, M.D., one of the Physicians to the Pennsylvania Hospital; Fellow of the College of Physicians of Philadelphia, etc., etc., etc. Fourth edition, revised and enlarged. Philadelphia: J. B. Lippincott & Co. 1860.

The first edition of Dr. Gerhard's book was presented to the profession about thirteen years ago, and was received with favor; we have before us the fourth edition just issued from the press of the Messrs. J. B. Lippincott & Co., and which evidently brings up the whole range of topics embraced to the completest contributions of the day. We regard Dr. Gerhard as abundantly competent for the task he has assumed, and consider his book authority on "diseases of the chest."

To those who have not examined the work, we may briefly say that the volume is a systematic treatise on the subject, not grievously extensive, and yet complete. The introductory chapters are devoted to a comparison of physical and general signs; conformation of the chest; mode of examination; mensuration, succussion, percussion, etc.; auscultation; modifications of respiration and voice; bronchial respiration—cavernous, amphoric, and rude; signs of the voice, etc., etc.; cough, expectoration, movement of

the thorax. After which follow chapters upon the distinct diseases of the lungs, pleurisy, bronchitis, emphysema, asthma, pneumonia, gangrene of the lungs, tuberculous phthisis, pneumothorax; pulmonary hæmorrhage, etc., etc. Chapters xvii. to xxv. are devoted to the pathology, features and treatment of the various affections of the heart.

The chapter on phthisis is very full and instructive. We have time, in this connection, only to allude to the views of Dr. Gerhard upon the therapeutic value of cod-liver oil. His opportunities for clinical observation have been very excellent, especially in the Pennsylvania Hospital, and he is evidently a careful observer. Dr. G. entertains very positive doubts whether any case of cure has taken place from the use of cod-liver oil, where tubercles have been developed, and the disease has progressed so far that cavities actually exist; but he thinks it of great value in the amelioration of even those advanced cases, and in the prolonging of life. He supposes the remedy to be well adapted to those cases where there is no positive development of tuberculous disease, but where there is decided predisposition—particularly inherited tendencies. To sum up, therefore, that while it is a remedy of great value in a large proportion of cases, yet that we are not to regard it as a specific against the deposition of tubercle.

This work has been so long before the profession that perhaps we may be contented, for the present, with this brief notice of the issue of a new edition. We close by repeating that we have long regarded the author as high authority in this department of medicine.

For sale by Applegate & Co. Price, \$3.00.

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THE TRANSACTIONS OF THE AMERICAN MEDICAL ASSOCIATION. Instituted in 1847. Vol. XII. Philadelphia: Printed for the Association. 1859.

The American Medical Association held its twelfth annual meeting in the city of Louisville, commencing May 3d, 1859, and the minutes were published in full in this journal immediately thereafter. We have just received the regular volume of Transactions for the year, embracing—besides the minutes—the various customary business reports, and the papers which were contributed on that occasion. Prof. Joseph Jones, of the Medical College of Georgia, at Augusta, presented to the Association a synopsis of a carefully prepared essay, entitled "Observations on some of the

Physical, Chemical, Physiological, and Pathological Phenomena of Malarial Fever." This essay, published in full, occupies, as we notice, about 400 pages of the volume. The remaining contents are: the address of the president, Dr. Harvey Linsley; report of the special committee on government meteorological reports, by Richard H. Coolidge, M.D.; report of the committee on criminal abortion; report of the medical topography and epidemics of California, by Thos. M. Logan, M.D.; report on a uniform plan of registration—reports of births, marriages, and deaths, by W. L. Sutton, M.D., of Kentucky; report on the topography and epidemic diseases of Michigan, by J. H. Beech, M.D., of Michigan; plan of organization; code of ethics; officers and permanent members.

Copies of the Transactions for this year may be obtained by remitting \$3 to the Treasurer, Dr. Caspar Wistar, Philadelphia.

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**PATHOLOGICAL AND PRACTICAL OBSERVATIONS ON DISEASES OF THE ALIMENTARY CANAL, ŒSOPHAGUS, STOMACH, CÆCUM, AND INTESTINES.** By L. O. HARRISON, M.D., London, Fellow of the Royal College of Physicians, Assistant Physician to Guy's Hospital, etc., etc. Philadelphia: Blanchard & Lea. 1859. Pp. 312.

This book is divided into sixteen chapters. The first is devoted to an introduction; chap. 2, on disease of the Œsophagus; chap. 3, on organic disease of the stomach; chap. 4, on functional disease of the stomach—hæmatemesis; chap. 5, on disease of the duodenum; chap. 6, on muco-enteritis and enteritis; chap. 7, on strumous disease of the alimentary canal; chap. 8, on diseases of the cæcum and appendix cæci; chap. 9, on diarrhoea; chap. 10, on colitis and dysentery; chap. 11, on typhoid disease of the intestines; chap. 12, on colic; chap. 13, on constipation; chap. 14, on internal strangulation, intussusception, carcinoma of the intestine; chap. 15, on intestinal worms; chap. 16, on perforation of intestine from without, abscess in the abdominal parietes, extending into the intestine—fæcal abscess.

We have been exceedingly pleased, after a careful examination of this book. It carries, on almost every page, the evidence of a careful observer, and, in one word, an excellent *clinician*. The author seems to be free from theories, and has observed and recorded carefully the many cases of the different morbid states which he so well describes. The book is eminently practical, and

will be found by the practitioner and student an excellent work of reference. The discussion of the diseases of the various parts of the alimentary canal is greatly enhanced in value by the pointed, yet brief, histories of cases. Several wood cuts, illustrative of morbid action, are given.

For sale by Geo. S. Blanchard, 39 West Fourth st., at \$1.75.

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THE OBSTETRIC CATECHISM: containing two thousand three hundred and forty-seven Questions and Answers on Obstetrics proper. By JOSEPH WARRINGTON, M.D. One hundred and fifty Illustrations. Philadelphia: J. B. Lippincott & Co. 1860.

This is the title of a very good obstetric manual which has been laid on our table. A first edition of this work was issued by Dr. Warrington some years ago, though we do not find any allusion to this fact in the volume before us.

Dr. W. has been devoted, for many years, exclusively to the teaching and practice of obstetrics; he is, therefore, very familiar with the whole subject, and has prepared a very convenient and useful hand-book.

We observe that the work is dedicated especially to his own former pupils by an introductory address suitable to the occasion, which is genial in style and thought. Students, especially, will find this book a convenient means of reviewing the general facts and principles of obstetrics, and physicians will not find it amiss.

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### *Editor's Table.*

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*The Stampede of Medical Students from Philadelphia.*—Our readers have learned, ere this, that a number of students attending lectures at the "Jefferson" and "University," in Philadelphia, left those institutions and went to southern schools. The alleged cause was the "abolition feeling" in Philadelphia. It seems that the majority who left were students of the Jefferson school. The Dean of the University, on behalf of the faculty, has stated in a card to the profession and the public, that the University only lost fifteen. Two gentlemen engaged in Philadelphia in *grinding*, or examining students, have been charged in some of the

newspapers with exciting the rebellion. Of this we know nothing positive, nor do we care to know.

It is an occurrence to be lamented by every good and true physician in every part of the country. We have believed and hoped that our profession would always preserve its high position for conservatism. Its office and duty is confined to the prevention, palliation and cure of disease, and whenever it is diverted, directly or indirectly, into the discussion of political questions, or whenever its members so far degrade themselves as to become partisans in any of the political organizations of the day, they so far depart from the purely scientific, humane and gentlemanly duties of the legitimate profession. We have a great aversion to people of one idea, for they are generally fanatics, disagreeable and impracticable. It is rare, we are happy to say, that this disagreeable class is found in our profession. In the late exodus, however, from Philadelphia, we are sorry to say that the medical students behaved, like a set of madcaps and fanatics. We must go a little farther and say, that our brethren in Richmond, Va., who sent money to the students, and participated in the noisy and ill-advised reception of them, conducted unwisely, and manifested a feeling inconsistent with what we had previously formed of them. Is the negro to take his place by the side of the professor of chemistry, physiology, anatomy, and surgery, in our medical schools? In God's name we say, No. Is the man thoroughly devoted to the cold, exact study of our profession, to be mixed up in the crazy fanatical discussion of a question with which he has nothing whatever to do? If so, then farewell to scientific research, to the advancement of our science and art.

We wish all of the regular schools that meet of success which they deserve, whether in the north or south, east or west. More than this, we wish our brethren, devoted in spirit and truth to the cultivation and advancement of the profession, perfect success, wherever they may be found, all round the world, and particularly in our own country. We hate and despise politicians, while we have the highest admiration for political economists and statesmen. For political doctors, and those learned in the tricks and cunning of the party hack, we have no love. Some persons engaged in the late excitement in Philadelphia will silently undergo repentance. The whole thing was an egregious piece of folly and

stupidity. If Philadelphia possesses the best professors and largest clinical advantages, we say to students to go there, if the tiles on every house were either a negro or an abolitionist, or in the shape of any other disagreeable or odious object. While, on the other hand, if Charleston, S. C., or New Orleans, present the best advantages, and the most distinguished and original teachers, we say to students, by all means go there.

We will not at any rate, either in word, thought or deed, depart from a high and honorable course. We will not induce any student to leave the teachings of any man, who by the force of his genius or talents has justly raised himself to an acknowledged position of eminence in his profession, be he a professor in a southern, northern, eastern or western school. American students visiting Europe, for the purpose of professional study, never think of manifesting their hatred of the despotic government by ill treating the distinguished teachers in all branches of medicine. No, their object is to improve themselves in their profession, and not to discuss questions which do not interest them. We are mortified and chagrined that the vexing political questions and prejudices of the day, kept alive by small and insignificant politicians of the hour, should have been permitted to enter one of the temples of our science. Science like everything else will regulate itself, and he who is a master of what he professes and teaches, will be respected and listened to by the true and noble from all parts of the world. Let us join with those who love their profession above all other earthly pursuits, in the hope that this unhappy, improper and unnatural feeling may be at once and forever extinguished, and that though other professions, and even the church itself, may be rent and torn to pieces by fanaticism, our noble and dignified profession may advance as it always has done, with trust in God, love for humanity, and faith in our science and art; and leave to those of more congenial tastes the discussion of the angry political questions of the day. Science and art will live when all of these unhappy and unnatural passions have passed away. Last, though not least, let every true and good physician discountenance the feeling manifested recently in Philadelphia, so that the members of our profession may meet together, and be friends and brethren.

*Legislative Obstacles to the Pursuit of Practical Anatomy.*—It is perhaps generally known that the State of New York has taken a legislative position favoring anatomical pursuits, that is highly creditable to her as a recognition of the proper claims of our profession on the community. So far as we understand the recent act of the New York Assembly, it provides that all such persons as die in the public charities, who have no friends that care to claim them, may be appropriated for purposes of anatomical study. In a recent number of the *New York Medical Press*, we find a speech of Mr. Conkling reported in full, as delivered before the New York Assembly while the bill was under discussion, last winter. The remarks of Mr. Conkling are singularly free from prejudice, and abounding in sterling good sense.

In perhaps every State in the Union the exhuming and dissection of dead bodies are made liable to heavy fines and imprisonment, and, although these serve as serious impediments and embarrassments to anatomical pursuits, yet, as is proverbially familiar to every one at all conversant with the subject, these laws are constantly violated, and it is rare that a conviction of the offender can be had. Despite the deep prejudices of the age, the common sense of the executors of law can not fail to recognize the necessity of the case. We quote from the speech of Mr. Conkling on this point, as notoriously true in its spirit everywhere where there are medical schools :

“ Now, sir, being aware of the existence of an act of this nature on the one hand, and of the urgent demand for *subjects* on the other, I have thought it worth while to inquire into the practical result of this conflict ; and I have accordingly addressed myself for this purpose to those best qualified to give the information. I have consulted the ministers of the law, and some of the most eminent and respectable physicians of the State ; and I confess the result has astounded me. The medical gentlemen assure me that in the city of New York and circumjacent region, not less than six or seven hundred new-made graves are annually robbed of their tenants ; and the district attorney of that city informs me that, during the tree years of his official service, there has not been a single conviction, nor, to his knowledge, a single complaint founded upon this act. But, sir, incredible as this statement at first blush appears, a little cool reflection will suffice to-



explain it. The law stands in irreconcilable antagonism to an urgent, not to say irresistible want of society, and it has proved powerless in the contest."

We also append the section of the New York law, which embraces the essential modification of the law in that State; and as we have quite a respectable representation of the profession in the present legislature of Ohio, we commend the matter to their attention, hoping they will find an interim in partizan politics, to agitate this much needed reform in our own code.

"Section 1. It shall be the duty of any warden, superintendent, governor, commissioner of the alms-house department, or other officer having in charge any of the prisons, penitentiaries or alms-house departments in the State, supported entirely at public expense, and located in cities whose population exceeds thirty thousand inhabitants, to deliver to any regularly chartered medical college or school in the State, on application from the trustees or teachers thereof, for the purposes of medical and surgical study, the remains or body of any person dying in any of the aforesaid institutions under their charge, provided that the said remains shall not have been claimed or demanded for interment by any relative or friend of said deceased person within twenty-four hours after death, in which case said remains shall not be so delivered, but shall be interred in the usual manner; and provided, also, that the remains of no person of any condition or circumstances, dying in any of said institutions, who may be known to have relations, whether near or abroad, and of no one confined for debt or as a witness, or on suspicion of crime, and of no proper traveler, nor of any person who shall have expressed a desire in his last sickness that his body may be interred, shall be delivered for the purposes aforesaid, but shall be buried in the usual manner; and it shall be the duty of the said warden or said other officers, to faithfully protect the rights of humanity which these provisions are intended to secure; nor shall this act be understood to apply to individuals who are under the charge of the commissioners of emigration or of any emigrant societies, or of any other private association for the relief or benefit of the poor, notwithstanding the said poor may be supported exclusively at the public expense; and it shall be the duty of the teachers in medical colleges and schools to provide for the interment, and to inter in

credit of performing the first operation for the removal of an ovarian tumor; this was the well known case of Mrs. Crawford, in 1809. In connection, the author passes a pleasant and proper tribute to the many virtues and professional excellencies of McDowell. In order, a brief notice is given of the operations of Mr. Lizars, of Edinburgh, and Mr. Charles Clay, of Manchester, England, as also of our countryman, Dr. Washington Atlee.

Dr. Bradford incorporates in the body of this report a series of letters from some of the most distinguished medical authorities—Gibson, Atlee, Clay, Mussey, Blackman, Dudley, Miller, and Samuel A. Cartwright, which are exceedingly interesting as brief contributions to this department of surgical inquiry; and had we a little more space, we should gladly make some extracts from them, for we think they very satisfactorily show the "foremost rank" in which American surgery has ranged itself in ovariectomy—not merely in *frequency* of operation, but in *successful issue*, which, after all, is the great matter.

Dr. Bradford, like Dr. Lyman of Massachusetts, has accumulated about three hundred cases in which ovariectomy has been performed; and although he is evidently somewhat of an enthusiast upon this theme, yet we think he clearly shows that with a maturer diagnosis and a more cultivated tact in the operation, the ratio of success is steadily on the gain.

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*Medical and Surgical Reporter.*—In the number of December 17th, the editor of the *Reporter* makes use of the following language concerning this city: "That city is at present the pandemonium of quackery, and needs the enlightenment of the medical press." This is simply untrue. Cincinnati is no more the *pandemonium* of quackery than Philadelphia. We have not yet got so low as to have a female medical college, and in every other respect we think we have quite as good a reputation as Philadelphia. In the latter is to be found an Eclectic school and journal, a homœopathic and a female medical school. Quackery is better patronized in it, than it is here. The editor of the *Reporter*, we believe, has been convicted of perverting the truth by our Nashville friends, and we must say that he deserved it. We would advise the *Reporter* to stick to the truth, and to avoid puffing the books of the quacks we have here.

*Professional and Social Courtesies.*—Prof. Palmer, in his editorial letters from Europe, sketches the courteous bearing of professional gentlemen as seen at a meeting of the *British Association for the Advancement of Science* as follows. There is a moral in the remarks worth reflecting upon. “Again, as to minor matters, I could but notice the courtesy and gentlemanly bearing of the speakers towards each other. They dealt more in compliments than American debaters are wont to do, and less in severity towards, and denunciation of opponents. They ‘ventured to state,’ and ‘begged leave to suggest,’ and ‘almost thought; in fact, on the whole, felt quite confident.’ ‘While they agreed with most that the noble Lord, or Right Hon. Gentleman, or their Rev. or Hon. friend had so able said,’ they were ‘obliged to question’ so and so. Now all this may seem a trifling affair not worthy of being recorded, but yet soft words turn away wrath now as well as in the time of Solomon, and have a marvellous tendency to cultivate that charity which covereth a multitude of imperfections. There are doubtless occasions when denunciations may be called for, but they do not occur among gentlemen, where all parties are honestly seeking after truth; and amenities of manners beget kindness of feeling. ‘Greivous words’ do little else than ‘stir up anger.’ They certainly neither convince nor persuade, which are the more legitimate objects of debate.”

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*A New Medical School.—Long Island College Hospital.*—A new medical school has been organized in Brooklyn, N. Y., and will open with its first course of lectures, on Thursday, the 29th of March, 1860. The faculty is constituted as follows: Anstin Flint, M. D., now of the New Orleans School of Medicine, to be Prof. of Practical Medicine and Pathology; Frank H. Hamilton, M.D., of the University of Buffalo, Surgery; James D. Trask, M.D., Prof. of Obstetrics and Diseases of Women and Children; R. Ogden Doremus, M.D., of N. Y. Med. Coll., Chemistry; Joa. C. Hutchinson, M.D., Surgical Anatomy and Operative Surgery; John C. Dalton, M.D., of Coll. of Phys. and Surgeons, N. Y., Physiology and Microscopic Anatomy; Dewett C. Enos, M.D., General and Descriptive Anatomy; Edwin A. Chapman, M.D., Materia Med. and Ther.; J. G. Johnson, M.D., Demonstrator of Anatomy. It will be seen that this organization embraces a

large proportion of distinguished names, and with the facilities at the command of the school, it will doubtless meet with a large and speedy success.

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*Valedictory of the Editors of the Boston Med. and Surg. Journal.*—The last number of the *Boston Med. and Surg. Journal* closes its sixty-first volume, and with it Drs. Morland and Minot, who have been its editors for five years past, announce their withdrawal from editorial life. These gentlemen will be missed from our ranks, and we part from them with sincere regret. They have maintained a uniformly honorable and courteous bearing in all their editorial relations; they have added character and dignity to their journal, and in all respects they have deported themselves as high toned, well informed, industrious gentlemen, and we repeat that we part with them with sincere regret. We trust they will find their professional labors elsewhere more remunerative, and less irksome; and that they will continue to be the same worthy working co-laborers in the general field of science.

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*Cincinnati Summer School of Medicine.*—By reference to our advertising department, it will be seen that the arrangements for the spring course of medical teaching, in this city, is now complete. We again urge those who can spare the time to avail themselves of the advantages of this course. Dr. R. R. McIlvaine, will introduce a new and attractive feature in his course of illustrations and demonstrations in physiology, after the manner of Bernard. The course on eye surgery alone would amply compensate the student for the time and expense incurred. The dissecting rooms will be kept open throughout the spring, and with no extra charge for its privileges, except for the material used.

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*To Correspondents.*—We have on hand a number of communications which will find a place in the *Lancet and Observer* as soon as we can find room for them; of these we have read, with great pleasure, papers from Drs. Casselberry, D. Clark, F. Clark, Underwood and Meranda, with others on file heretofore noticed.

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*Medical Students in London.*—The number of medical students in London the present season is 1,063, being an excess of 42 over last year.

*Acknowledgement.*—We are in receipt of a handsome accession to our subscription list, with the new year, and desire to express our thanks to those friends who have so actively interested themselves for our success.  Whenever remittance to this journal are not acknowledged in the next number received, by a regular receipt, the subscriber is particularly requested to inform the publisher, that the omission may be corrected at once.

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*The Black Doctor.*—M. Vries, the famous Parisian quack, whose popularity, for a time, exceeded that of any other modern impostor, has finished his career in disgrace. It will be recollected that his notoriety was much increased by the credulity of the great French surgeon Velpeau, who allowed him to try his specifics in the hospital wards. These, of course, proved to be entire failures, but he had by that time made himself generally known, and when finally expelled from the wards, he publicly stated that it was because of his great success, and thus raised a popular sympathy in his favor. After a popularity in which he was almost worshipped by the masses, the negro is now in prison on charge of manslaughter, and his magnificent furniture and equipage are in the hands of his creditors.—*Exchange.*

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*Notices of our Exchanges.*—We notice with the January number of the *North American Med. and Chir. Review*, the name of Dr. S. W. Gross appears as one of the editorial staff. It has been generally understood that Dr. Gross has for some time past been engaged in conducting this journal.

The *Virginia Medical Journal* announces that with the January issue it will enter upon a new series, and take the name of the *Virginia and Maryland Medical Journal*. Dr. McCaw will continue as editor in chief, and be assisted by a large corps of associates—mainly from the Virginia and Maryland medical colleges. This is one of the best exchanges which reach our table, and we trust these new arrangements will fully meet the anticipations of its friends for increasing the usefulness and success of the *Journal*. By the way, it has often been a matter of inquiry with us what was the subscription price of the *Virginia Medical Journal*. We suggest that our neighbors announce the terms hereafter.

*The Kansas City Medical and Surg. Review.*—We announced

in our last this new periodical as in embryo. Since then the first number has reached us, and we must certainly express our gratification with its attractive appearance and substantial matter. It is a bi-monthly of 48 pages, published at \$2 per annum, and edited by G. M. B. Maughs, M.D., and T. S. Case, M.D., Kansas City, Mo. Notwithstanding the cold water we cast upon this enterprise, we gladly place the *Review* upon our exchange, and hope its projectors will be able to make a speedy demonstration that we are very false prophets.

*Braithwaite's Retrospect*.—The January number of this old established semi-annual reaches us just as we are going to press. As usual, it is abundantly full of the cream of medical and surgical contributions during the past six months. W. A. Townsend & Co., N. Y., publishers. Terms, \$2 per year; or *Lancet and Observer* and *Braithwaite* for \$4, for cash only.

*Correction*.—In speaking of the medical journals of Missouri in our last number, we made a slip of the pen, and wrote *St. Mary's* instead of *St. Joseph's*.

*New Publications*.—Just as we are closing up this number for the press, we have received the long expected work of Prof. F. H. Hamilton on *Dislocations and Fractures*. It will receive early attention. We observe that several new books are just issued, but have not yet reached our city.

—Laennec inoculated himself with tuberculous matter, and Alibert and Biett inoculated themselves with cancerous matter, and all three concluded, from the absence of any local results, that these morbid products were not inoculable. It is a curious fact, nevertheless, that Laennec should have died of phthisical, and Alibert and Biett of carcinomatous affections.—*Med. Times and Gazette*.

—Mr. S. T. Trowbridge, of Decatur, Ill., has invented a physician's cane. It consists of a hollow tube, closed at its bottom, and having a semi-tube attached to the knob or handle, and fitted within the cane, and allowed to move freely in and out of it, and forming a receptacle for vials containing medicines. The invention is designed to supercede, to some degree, at least, the use of the saddle-bags.—*Exchange*.

— A matter of private business calling us to the vicinity of Louisville, during the latter part of December, we took occasion to call on some friends in that city. We found our amiable and courteous friend, Prof. S. M. Bemiss, editor of the *Semi-Monthly Medical News*, who showed us through the University of Louisville, where we had the pleasure of hearing Prof. Breckenridge lecture. The University is in a prosperous condition, having one hundred and thirty matriculants. We also saw and heard Prof. Goldsmith, of the Kentucky school, lecture. We are indebted to him for his kind attentions.

— Dr. Wood recently presented to each member of the medical class of the University of Pennsylvania, a copy of the volume, lately published, of his *Addresses on Medical Subjects*, with an autograph inscription in each. The volume will be to the alumni of the University an interesting memorial of the learning and eloquence of Dr. Wood, and the gift will be appreciated by the present class, who will be the last to be benefited by his instruction. It is thus dedicated: "To the Medical Graduates of the University of Pennsylvania, from the spring of 1836 to that of 1860, inclusive, before whom were delivered, and in whose behalf were prepared, most of the following discourses, this volume is inscribed, as a memorial of the many agreeable, and, may I not say, profitable hours they and I have spent together, and of the affectionate interest with which I continue, and, so long as life may last, shall ever continue, to regard them. GEO. B. WOOD."

*Habits of Physicians in 1670.*—Sydenham, in the last treatise which he wrote, gives the following account of his manner of living: "In the morning when I rise, I drink a dish or two of tea, and then ride in my coach till noon; when I return, I moderately refresh myself with any sort of meat of easy digestion that I like, (for moderation is necessary above all things;) I drink somewhat more than a quarter of a pint of Canary wine immediately after dinner every day, to promote the digestion of food in my stomach, and to drive the gout from my bowels. When I have dined, I betake myself to my coach again, and when my business will permit, I ride into the country two or three miles for good air. A draught of small beer is to me instead of a supper, and I take another draught when I am in bed, and about to compose myself to sleep."

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*Habits of Physicians in 1670.*—Sydenham, in the last treatise which he wrote, gives the following account of his manner of living: "In the morning when I rise, I drink a dish or two of tea, and then ride in my coach till noon; when I return, I moderately refresh myself with any sort of meat of easy digestion that I like, (for moderation is necessary above all things;) I drink somewhat more than a quarter of a pint of Canary wine immediately after dinner every day, to promote the digestion of food in my stomach, and to drive the gout from my bowels. When I have dined, I betake myself to my coach again, and when my business will permit, I ride into the country two or three miles for good air. A draught of small beer is to me instead of a supper, and I take another draught when I am in bed, and about to compose myself to sleep."

in our last this new periodical as in embryo. Since then the first number has reached us, and we must certainly express our gratification with its attractive appearance and substantial matter. It is a bi-monthly of 48 pages, published at \$2 per annum, and edited by G. M. B. Maughs, M.D., and T. S. Case, M.D., Kansas City, Mo. Notwithstanding the cold water we cast upon this enterprise, we gladly place the *Review* upon our exchange, and hope its projectors will be able to make a speedy demonstration that we are very false prophets.

*Braithwaite's Retrospect.*—The January number of this old established semi-annual reaches us just as we are going to press. As usual, it is abundantly full of the cream of medical and surgical contributions during the past six months. W. A. Townsend & Co., N. Y., publishers. Terms, \$2 per year; or *Lancet and Observer* and *Braithwaite* for \$4, for cash only.

*Correction.*—In speaking of the medical journals of Missouri in our last number, we made a slip of the pen, and wrote *St. Mary's* instead of *St. Joseph's*.

*New Publications.*—Just as we are closing up this number for the press, we have received the long expected work of Prof. F. H. Hamilton on *Dislocations and Fractures*. It will receive early attention. We observe that several new books are just issued, but have not yet reached our city.

—Laennec inoculated himself with tuberculous matter, and Alibert and Biett inoculated themselves with cancerous matter, and all three concluded, from the absence of any local results, that these morbid products were not inoculable. It is a curious fact, nevertheless, that Laennec should have died of phthisical, and Alibert and Biett of carcinomatous affections.—*Med. Times and Gazette*.

—Mr. S. T. Trowbridge, of Decatur, Ill., has invented a physician's cane. It consists of a hollow tube, closed at its bottom, and having a semi-tube attached to the knob or handle, and fitted within the cane, and allowed to move freely in and out of it, and forming a receptacle for vials containing medicines. The invention is designed to supercede, to some degree, at least, the use of the saddle-bags.—*Exchange*.

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## Editorial Abstracts and Selections.

### PRACTICAL MEDICINE.

1. *The Antiseptic Properties of Iodine.*—French Academy of Sciences, (from the *Amer. Med. Monthly.*)—The true antiseptic is that which prevents the appearance of putridity, destroys it when already existing, and prevents its reëpearance! Such an antiseptic is iodine. Dr. Marchal employs it in the form of solution, in an aqueous solution of an iodide. The aqueous solution appears to be more efficacious than the alcoholic, since there is produced with the use of the latter a constriction of the tissues, which only admit of slight penetration of the liquid charged with the antiseptic. The alcohol also coagulates albumen, which would likewise retard the absorption.

The iodide solution can be injected into sinous portions of sanious and foetid ulcers, which can not be done with a pulverulent or semi-solid substance. It is only necessary to moisten the dressing from time to time, without the necessity of uncovering the ulcer several times a day—an advantage which will be properly appreciated by surgeons. In hospitals the iodine escaping from the apparatus, saturated with its solutions, will serve to purify the air of the wards. Dr. M. thinks there is no condition so favorable for the sick and wounded, under ordinary circumstances, or in times of epidemics—especially those of a typhoid or typhus character—as a continuance in an atmosphere suitably iodized. The miasm arising from crowded quarters, more fatal to armies than fire or sword, most probably has its antidote in iodine.

2. *Glycerine Ointment for the Itch.*—M. Bourguignon, so well known in Paris by his successful researches on “the *acarus scabiei*,” has published in the *Gazette Médicale* the following formula. One general friction, not preceded by soap ablutions, is sufficient. Yolks of two eggs; essence of lavender, lemon and mint, of each seventy-five drops; essence of cloves and cinnamon, of each one hundred and twenty drops; gum tragacanth, half a drachm; well pounded sulphur, twenty-six drachms; glycerine, thirty-two drachms. Total weight, nearly eleven ounces. Mix the essence

with the yolks of egg, add the gum tragacanth, make a good mucilage, and then add very gradually the glycerine and sulphur. Many cures have been obtained by this preparation, which has the advantage of giving no pain.

The well-known Helmerich ointment being really useful, M. Bourguignon has modified it, and substituted glycerine for the axunge. In the altered form, the preparation is not any dearer, as efficacious, and less painful than the original ointment. It does not grease the clothes, and has an agreeable perfume. Gum tragacanth, fifteen grains; carbonate of potash, thirteen drachms; well-pounded sulphur, twenty-six drachms; glycerine, fifty-two drachms; essence of lavender, lemon, mint, cloves and cinnamon, of each fifteen drops. Total weight, nearly eleven ounces. Make a mucilage with the gum and one ounce of glycerine, add the carbonate, mix until it is dissolved, and then gradually add the sulphur and glycerine; lastly, pour in the essences. With this compound, M. Bourguignon advises two general frictions of half an hour, within twelve hours of each other, and followed, twenty-four hours afterward, by a simple warm bath, as the glycerine is soluble in water. Two-thirds of the preparation should be used for the first friction, and the other third for the second.—*London Lancet*.

8. *Hydrophobia treated with Calomel*.—Dr. John E. H. Liggett of Middleburg, Md., reports in the last number of the *American Medical Journal*, a case of hydrophobia successfully treated with calomel. He administered to his patient doses to the amount of 3 j. repeated every four hours. The patient was a colored girl, aged 20, was bitten by a rabid dog, about the first of July; she manifested symptoms of hydrophobia about the 15th of the month, having convulsions, inability to swallow fluids, etc. The mercurial treatment was kept up from the 16th to the 20th of the month, producing very prompt arrest of the more urgent symptoms, and speedy convalescence.

4. *Tannin in Albuminurios Anasarca*.—Dr. P. Garnier reports three cases of the above disease in which he used tannin in 3 ss. to 3 j. doses, with, he thinks, marked effect. Since seeing his treatment, I have had one case in which I used the tannin, with apparent good effect. It will be recollected by members of the

society that Dr. Gaston used large doses of tannin in a case of hæmorrhage from a malignant tumor, with the effect of prolonging life for many months. Knowing tannin to be the best indirect hæmostatic we have, the *modus operandi* is at once plain. By its use you arrest the effusion of fluid, and give the absorbent and other emunctories time to remove that already accumulated. Dr. H. WEST, *Belmont Med. Journal*.

5. *Smoking the Exciting Cause of Cancer*.—M. Bouisson has published a valuable article in the *Montpelier Medical*, wherein he endeavors to prove that smoking is often a very active exciting cause of epithelial cancer about the tongue, lips, sides of the cheeks, or soft palate.

M. Bouisson has collected sixty-eight cases of cancer and canceroid of the lips, in which the habit of smoking was either carried to excess, or was very inveterate. He considers that such morbid products have more frequently been seen since the custom of smoking has become general; but concedes that, for the development of cancer, there must be the proper diathesis. The author maintains, however, that this tendency would often have remained latent without the local exciting cause to which we have alluded. He further states, in support of this opinion, that labial cancer mostly attacks the lower lip, where the cigar or pipe rests; and that such cancer is rare with women and children. One young lady is mentioned who suffered from the affection; but she used by stealth to smoke immoderately. The more inveterate the habit, the more frequent the cancer, especially with those who smoke short pipes and strong tobacco. Cleanliness, long pipes and mild tobacco may keep off the the complaint.

M. Bouisson operated upon a medical man of Barcelona, who, in the Spanish fashion, allowed the smoke of cigarettes to escape through the nose. The nostrils were filled with epithelial vegetations.

No doubt M. Bouisson's paper is extremely valuable; but it might be asked whether the disease in persons laboring under the diathesis would not have broken out elsewhere. It is, besides, well known that labial cancer has been found in patients who never smoked in their lives. That smoking *may* act as an exciting cause, is, however, both rational and in accordance with fact.—*London Lancet*.

6. *Another Sovereign Remedy for Ascarides.*—The *Amer. Med. Monthly* says Dr. Compénat has got a cure for ascarides, which has never failed in his hands. It is a simple injection of water, containing five, ten, fifteen or twenty drops of sulphuric ether, according to the age of the individual, and repeated more or less frequently, according to the number of the animals present. This agent, he says, has a double advantage: by its subtilty it readily enters into and destroys the larvæ; and by its antispasmodic powers it allays the spasmodic and the nervous symptoms produced by the animals.

7. *Pulmonary Consumption—A Prescription of Dr. Louis.*—The *Druggist* copies the following from *Championniere's Journal*: "To support strength, to subdue the cough and promote sleep, to diminish night-sweats, such are the three-fold indications which are met by the following prescription of Mr. Louis, in the case of confirmed phthisis: 1. Take, one hour before the principal meals, one pill of proto-iodide of iron (*Pilules de Blancard*). After ten days, increase the dose to two pills, and drink immediately afterwards a small tea-cupful of infusion of quassia, made with cold water, and not sweetened; 2. At night, or four hours after the last meal, take a pill of extract of opium from one-sixth to a half grain; 3. If abundant perspiration be present, take at bedtime one or two pills of two and a quarter grains of white agaric; 4. The diet should be generous, but not stimulating."

8. *Fetid Sweating of the Feet.*—M. Gaffard recommends as a most effectual agent, the applying between the toes of a few drops of the following liquid. An application once a week is usually sufficient, but during summer it may sometimes be required to be made daily: Red oxide of lead 1 part, and the liquor of the subacetate of lead of the French Codex (3 parts of acetate, and 1 of lithrage, to 9 of distilled water) 29 parts; bruise the sesquioxide of lead in a porcelain mortar, and add the liquor gradually, directing the bottle to be well shaken whenever it is used. —*L' Union Méd.*

9. *One Thousand Feet of Tape Worm.*—The *Boston Transcript* says, were expelled from the intestines of a lady residing in the vicinity of Boston. It was believed that several worms had existed. The expulsion occurred after taking a mucilage of pumpkin seeds.

## SURGICAL.

10. *Abortive Treatment of Paronychia.*—Dr. Van Archen, in an article in the *Medical Monthly*, on diseases of the tropics, says: "If called to a case of whitlow—which frequently occurs during convalescence from typhoid fever—while still in its beginning, I order two ounces of saleratus, or crude carbonate of soda, to be dissolved in about four ounces of boiling water; in this the finger should be held until the solution cools, which should then again be warmed, and kept applied for three or four hours. In nearly all the cases this abortive treatment is sufficient to effect a cure. In more advanced cases the whole finger should first be wetted and then rubbed with a solid piece of nitrate of silver until the skin becomes discolored; the finger must then be kept in an emollient poultice, until, at the end of thirty-six hours, the whole of the cuticle peels off, and the cure is complete. But if suppuration takes place, which is marked by lancinating pain and throbbing, free incision is the remedy."

11. *A Remarkable Case.*—Dr. King, of Monongahela City, Pa., reports a remarkable case of ascites, in the *Medical and Surgical Reporter*, in the person of a Mrs. Adams, aged forty-five years, on whom, during the last four years, he has performed the operation of paracentesis abdominis *forty-three times*, and drawn off in all *six hundred and twenty-eight gallons* of fluid. He concludes with the remark, that Mrs. Adams is in the enjoyment of tolerably good health, and, should nothing unusual occur, bids fair to live for years to come; and that her condition is much better than when the operation was first performed.

12. *Amputation of the Hip-Joint.*—This, the third we had occasion to do, was performed November 16th, at the City Hospital. The patient, a woman, aged thirty years, had a large encephaloid tumor of the left lower member, which extended from the middle of the leg to near the hip. A bony and brain-like tumor, of large size, had been removed from behind the knee of this patient eighteen months previously, by Prof. Freer, and she remained well for about one year, when the commencement of the present growth was perceived.

The vascularity of the tissues, the vessels of which were of immense size, rendered the operation difficult, and it was necessary to tie the principal arteries before finishing the operation, which



was completed, however, without untoward result or blood, owing to the care of Professors Freer and Rea, in compressing the vessels as soon as divided. For forty-eight hours the patient did well, but at the end of that time tympanites and nausea with vomiting occurred, and she died sixty hours after the operation.—*Prof. Brainard.*

13. *The Écraseur*.—Dr. J. P. White, at a late meeting of the Buffalo Medical Association, reports three cases in which he successfully applied the écraseur to the removal of tumors from the uterus. Two of these were cauliflower excrescences. In applying the instrument, he worked it continuously until the tumor was separated, and no hæmorrhage followed. The other case was a fibrous tumor of the uterus. In this case Dr. White substituted a wire rope for the common chain in the écraseur, and liked the substitute, as he was enabled by it to introduce the instrument well up in the vagina.—*N. Y. Review.*

14. *The Theory of Tertiary Syphilis*.—According to Gamberini, is a prodigious humbug, having the effect of confusing and confounding that which otherwise would be easily understood. The regular succession of symptoms in the onward progress of syphilis, as described by Ricord, may and may not occur. The so called secondary and tertiary syphilis are but different *local* manifestations of the same general disease. The secondary and tertiary forms of syphilis may alternate or coëxist, thus demonstrating their identity.

#### OBSTETRICAL.

15. *The Number of Children a Woman can Bear*.—The question of how many children a healthy woman can bear, during the child-bearing period of her existence, is one of some interest. If a couple live harmoniously together during a long life, and marriage has taken place very early, it is quite possible that as many as 24 may have been born to the state, at intervals reasonably short, and without their coming as twins or triplets. Amongst the poorer classes this regularity is not met with, although even amongst them a pretty large number of children are born. On looking over the Register of the St. Pancras Royal Dispensary since the year 1853, six instances occur in which over 16 children were born; thus, two patients, aged 42 and 46 years respectively, were each confined of their 17th child; one, aged 39, of her 18th; whilst

three, aged respectively 39, 40 and 50, were confined of their 19th. The last patient, 50 years of age, besides her 19 children, had 4 miscarriages. In most of these cases the births were single, although occasionally twins were born. The greatest age was 50. Dr. Gibb states that, on a careful examination of the Register for many years back, the age of 50 is the highest at which any patient was admitted, and as the same patient did not present herself again, it is probable she ceased to bear children.

If the cessation of the catamenia determines the time at which gestation ceases, then it must occur in some instances as late as 55 or even 60 years; for M. Brierre de Boismont, who determined the critical period of life in 181 females, found that it occurred in 21 between 51 and 55 years, and in 5 between 55 and 60 years.

In considering the number of children a woman can bear, we of course here exclude those cases of multiple births, wherein from 2 to 6 children are born at one time, and which thus will swell the number of children brought into the world by one woman to as many as from 25 to 69.—*Lancet*, Sept. 17.

15. *Sex determined by the Movements of the Fœtal Heart*.—Dr. Frankenhäuser asserts (in the *Monatsschrift für Geburts-K.*) that whilst paying attention to the comparative frequency of the beats of the fœtal heart, before and during labor, he noticed that the heart beat with less rapidity in the male fœtus than in the female. The pulse in the former is on the average 124, in the latter 144. Upon these data the author has almost invariably predicted the sex. If the assertion is true, the correct explanation of the fact will not be very difficult; it is known that as a general rule the pulse of girls is more rapid than that of boys of the same age.

16. *Amputation of a Uterus*.—Dr. Sims, of New York, recently amputated an entire uterus with the *écraseur*. The case was one of procidentia, in which the uterus had been for a long time entirely inverted, and could not be forced back into the pelvis. No hæmorrhage followed, excepting from a vessel connected with one of the broad ligaments, which was afterwards ligated. The patient rapidly recovered. This operation has been repeatedly performed, but we do not know that it has been before accomplished with the *écraseur*. The result of the operation has usually been fatal, from peritonitis or hæmorrhage, and surgeons have not generally been very favorable to its performance.

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E. B. STEVENS, M.D., AND JOHN A. MURPHY, M.D.

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*Original Communications.*

ARTICLE I.—*A New Theory of Atmospheric Temperature.* By  
ISAAC CASSELBERRY, M.D., Evansville, Indiana.

Astronomy teaches that the sun is the centre of gravity and the source of heat. But the harmony and perpetuity of the physical world seem to indicate that heat, as *heat*, does not emanate from the sun. The solar emanation is luminous and organizing; hence I maintain the theory that, as the solar ray passes through ethereal space and impinges upon other forms of matter, it gives them properties which they did not possess, and receives, from its combination with these ethereal forms of matter, elementary increments out of which it elaborates two or three other cardinal forces as it approximates the earth.

This theory accords with the known law of heat, that its force diminishes in an inverse proportion to the squares of the distance, while the proximity of many comets to the sun can not be reconciled to the theory that heat, as *heat*, is a solar emanation; for no substance of which we have any knowledge could have approached so near the sun as did the great comet observed by Newton in 1682. No matter how great their tenuity, comets are material, and they have many of the attributes of materiality, such as density, gravity, and motive capacity. Did the caloric force, therefore, have augmented intensity commensurate with their

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proximity, which it must have according to the received laws of the radiation of heat, were it a direct solar emanation, it would consume or disperse the materials of which they are composed.

Again : astronomers assure us that comets are neither repelled nor driven to pieces by the caloric force, but that, on the contrary, several are known to approach the sun. It is true some perturbate, but this perturbation may be accounted for upon the principle that they are passing through a resisting medium. Can these facts be reconciled to the received theory that the caloric force emanates from the sun ? Heat has been demonstrated to be everywhere governed by the same uniform law : why, then, are not some of the nearer planets to the sun over-heated ? As the laws of the universe are simple and uniform, may it not be that the solar ray is at first only luminous, and that it acquires the caloric and chemical forces as it approaches the earth ? Chemistry clearly reveals that the solar ray is divisible into three forms of force, luminous, caloric, and chemical ; and that the cardinal forms of force which pervade the atmosphere are light, heat, and electricity. These are intimately correlated, and mutually convertible into the fragmentary forms of force by which the functions of animals and vegetables, and the changes of inorganic matter, are created, maintained, and governed.

The atmosphere is an immense ocean of oxygen and nitrogen, with a trace of carbonic acid ; and, according to this theory, the instant the luminous force of a solar ray impinges upon it, a series of chemical actions begin to undulate through it, which augment in intensity as they approach the earth ; increments of heat, chemical force, and electricity are developed, and the conditions necessary to sustain vegetable and animal life are created. The physical sciences most clearly indicate that electricity, and the caloric, and the chemical forces are universally present throughout the atmosphere, that they pervade animate and inanimate matter, and that the organic functions of the vegetable and animal kingdoms and the physical manifestations of inorganic matter are dependent upon the quantities and states of these forces for their power. In what mode soever these forces endow organized bodies with the functions by which they are enabled to form and renew their compositions, they must determine the actions which modify their structures and functions, for the elements of which these bodies

are composed are the same in all parts of the world. The elements of water, the air, and the surface of the earth, are the same in South America as at Melville Island, the same in Europe as in America. The number of their species, the magnitude of their forms, and the complexity of their organizations, must therefore be regulated by the power of the forces which cause their development.

The physical manifestations of the electric, the caloric, and chemical forces diminish from the equator to the poles; so does the magnitude of animals and vegetables. Is it not evident, from these facts, that the power of living bodies to maintain and renew their compositions by assimilation is governed by these forces? The torrid zone has its mighty elephant and its huge hippopotamus, its luxuriant vegetation, and its exuberant foliage; the temperate zones have their noble horses and faithful oxen, their giant oaks and their lofty pines; and the frigid zones have their fleet reindeer and their crafty foxes, their stunted birch, and their dreary wastes of snow and struggling vegetation. In the torrid zone man is effeminate and debased, ignorant and treacherous; in the temperate, athletic and noble, intelligent and patriotic; in the frigid, low and crafty, rude and unfaithful.

Thus physical causes in every latitude make their distinguishing impress on man, animals, and vegetation; yet the composition of the atmosphere they breathe and the water they drink are composed of exactly the same elements. The physical sciences should, therefore, be earnestly cultivated, for they will reveal many of the mysteries both of health and disease. But I apprehend some of the fundamental laws of these sciences are at present based upon error.

The received theory of the distribution of heat is certainly erroneous, for it is based upon the hypothesis that, as the atmosphere is rare and diaphanous, but a small quantity of the heat of the solar rays which traverse it is retained; and that, as the denser and more inferior strata heated by the surface of the earth expand, they ascend and grow colder by the heat passing into a *latent* state. The *latency* of heat is an absurdity, which is perpetuated by the want of a knowledge of its convertibility into other forces. We know when winds prevail the elements of the atmosphere are driven about by mechanical force; that this force is

derived from heat ; and that the motive intensity of the winds is in proportion to the quantity of heat lost. This is fully illustrated by the diminution of temperature which follows the gentle breeze, the chilling blast, or the sweeping tornado. Hence I affirm heat never exists, as *heat*, in a *latent* state, but that, when not sensible, it is transmuted into some other force and manifested as such. From what other source except heat could the winds be obtained ? The force by which it is formed emanates from the sun, and is governed by uniform laws. How does the climate of the United States affect these laws ?

This inquiry has never been answered philosophically, although it has engaged able minds, and learned theories have been advanced. But the conversion of heat into other forces was not known by them, nor were the experiments of Bache upon heat read by them, or they would have had a more comprehensive knowledge of this force. It is a well established fact that in this country the summer heat is everywhere intense, and from fifteen to twenty degrees higher than that in Europe. Why is this ? On the Atlantic coast there is an unascertained prolongation of the continent towards the north pole, and an ocean current sweeping immense masses of ice southward. A continuous current of cool air from this polar stream has been assigned as the cause of the low temperature of the New England States, a temperature much lower than that in the same latitudes in Europe. The Gulf stream is supposed to have a potential influence in elevating the temperature of Europe. It stretches across the Atlantic between Cape Hatteras and the Azores, forming nearly in the middle of the Atlantic a lake of warm water, which is estimated by some authors to be equal in extent to the Mediterranean. The warm air of this ocean lake is wafted over the coast of western Europe. (*Fourey, Climate U. S.*, p. 91.)

A principal cause of the high temperature of the Pacific coast is attributed to the steady prevalence of western winds, because there is thus swept from the ocean, which never sinks below the freezing point, a humid atmosphere. This, in its passage over the land, has a constant tendency to establish an equilibrium of temperature, and as its vapor is gradually condensed it evolves heat. These physical conditions of the Atlantic and Pacific coasts modify the meteorological phenomena of the New England States

and of Oregon and California. But what modifies the climate of the Mississippi valley? Does physical geography answer this inquiry?

The Cordillerian chain of mountains on the west impedes or arrests the warm, moist wind from the Pacific, while the Appalachian chain does not shelter it from the cold northeast winds. The southwest wind lessens the fiery heat of the summer and early autumn; but the northeast wind hurries, in freezing blasts from his icy home in the arctic regions, to bring over the Mississippi valley hoar frosts and dreary desolation. Local causes within the valley, also, produce a potential influence upon the climate; for the western table-lands, rising gradually to the height of 600 or 800 feet, cause no manifest diminution of temperature; yet, according to Humboldt, "elevations of 400 metres [1312 feet] appear to have a very sensible influence on the mean temperature, even when great portions of countries rise progressively." Gernier, Laplace, Gay Lussac, Prout, of Europe, and Dr. Drake, of this country, concur in the opinion that 300 or 400 feet of elevation will cause Fahrenheit's thermometer to sink one degree. According to these observers, therefore, the elevated land in our western States should produce a diminution of temperature equal to two or three degrees. But we have seen that an elevation of 600 or 800 feet on our Western table-lands has little or no influence. Other causes must, therefore, be assigned.

The Mississippi, with its hundred tributaries, affords an ample highway for the commerce of an opulent people, and promotes the fertility of the most productive valley on the globe. But the floods of these rivers often transcend the limits of utility, and entail upon the adjacent country the effects of inundation which frequently modify the geological formations of the soil and its physical condition. In the "bottoms," which are rich in decomposing organic remains, vegetation attains exuberant growth and foliage of prodigious size. When these are mature, they are deposited; and when the necessary conditions exist for their rapid decomposition, an immense series of chemical affinities are developed. These will be commensurate with the degree of heat and moisture. The alluvial lands of the Mississippi and its tributaries abound in sluggish bayous and ponds of stagnant water. When these are inundated by a spring freshet, they constitute so many laboratories for the decomposition of organic remains, and

for the generation of atmospheric vicissitudes. As they receive the summer heat, a wonderful manifestation of chemical affinities transpires. These augment in intensity as the degree of heat increases, and the moisture of the alluvial soil and the quantity of stagnant water diminish by evaporation. What are some of the products of these paludal laboratories? Some of the caloric forces of the solar rays are transmuted into electricity, by which the elements of the animal and vegetable compounds are liberated from former combination. Water facilitates this decomposition. When it is devoid of organic constituents, the caloric and chemical forces have, however, only a feeble affinity for it, and decomposes it slowly. But water upon the surface of the earth, in sluggish streams, and in alluvial ponds and bays, always abounds in decomposing compounds of organic remains, for which the caloric and chemical forces have a strong affinity. Hence, these forces freely pervade water made impure by vegetable and animal compounds in a state of decomposition, and its temperature becomes proportionately elevated.

The moment they impinge upon water in this condition, a part of the caloric force is transmuted into mechanical force, by which some of the aqueous atoms are driven apart, and others into the atmosphere in the form of vapor, and another part of the caloric force is transmuted into electricity, by which the organized compounds are decomposed; while the chemical force is divided into an immense series of fragmentary forms of chemical action between the decomposing and inchoate compounds. The circumambient atmosphere gradually becomes more or less loaded with moisture, in which the liberated gases are commingled, and as the solar rays struggle through they augment the quantity of electricity and impart increased intensity to the chemical actions.

Where the gases ascend to freedom, increments of each are in a nascent state, in which state they always seek with avidity for new associates. Some of these are readily found entangled in the moisture of the atmosphere, while others must be sought for within the exuberant foliage of plants and trees. As the solar rays impinge upon the aqueous and gaseous masses floating about tumultuously, the chemical force gives increased energy to the nascent oxygen, which now endeavors to attain its former supremacy over the gaseous elements; but some of these are so allied to



the moisture in the atmosphere that it can not obtain access to them with sufficient facility to prevent their combination with each other. This union of nascent gases without the primary influence of oxygen may result in the formation of neutral compounds, as ammonia; or in deleterious gases, as sulphuretted hydrogen, carburetted nitrogen, etc. When free gases are not consumed by combination with each other, or by the foliage of the plants and trees, they are extremely prejudicial to the growth and maturity of fruits and the health of mankind. The *fevers* of man, the *rust* upon vegetables, and the *speck* upon growing and maturing fruit, bear ample evidence of this. Sulphuretted hydrogen, carburetted nitrogen, carbonic acid, and moisture in the atmosphere, have each been regarded as *the* cause of fever by some physicians, while oxygen and electricity have either escaped observation or been esteemed almost innocent. But many other physicians have overlooked this condition of the atmosphere and gases, and gazed fixedly upon a myth called *malaria*, with whose *fancied* attributes they have been entranced for life.

The undulating lands of the north- and south-western States, which are neither enriched nor despoiled by river freshets, affording fields for fruitful cultivation and prairies of luxuriant vegetation, variegated by dense forests attired in gorgeous foliage, are not exempt from the disturbing or deleterious effects of an oversupply of positive electricity and free gases, developed by the chemical and caloric forces undulating through a moist atmosphere and impinging upon a humid soil abounding in decomposing vegetable and animal remains. But, for obvious reasons, the excess of electricity and gases is not so great as in alluvial lands, and therefore not so prejudicial to the health of mankind nor so injurious to fruits, because the water upon the soil is generally evaporated before the maturity of the plants and foliage, by the decomposition of which the electricity and gases are chiefly generated. It is true, vegetation may die prematurely, and some of that which matured the previous year may not have been fully decomposed, and then a condition will exist, by the addition of moisture, favorable to the disengagement of gases and to the development of electricity. But, unless unusual conditions exist, the quantities developed will not be much more than is consumed by the surrounding plants and foliage, whose gorgeous hues and

ample size give evidence of a generous supply of appropriate nourishment.

When copious rains fall in June and July, and August and September are unusually dry, or when all these months are alternately very wet and extremely dry, immense quantities of electricity and gases will be developed, because the maturity of ear vegetation favors its decomposition; and as the quantity of water upon the soil becomes more and more contaminated by decomposing organic remains, its evaporation will be increased proportionately; then the atmosphere becomes loaded with warm moisture, which is largely intermixed with nascent and free gas vegetation *rusts*, fruit *specks*, and man *sickens*.

The unascertained prolongation of the Atlantic coast toward the north pole, along which an ocean current sweeps southward carrying huge icebergs, and attended by chilling winds; the long range of the Rocky Mountains, which shelter the Pacific coast from the polar winds, and the constant prevalence of warm, moist western winds upon that coast, most unquestionably modify the climates of these coasts.

But these physical conditions do not solve the philosophical problem that the temperature of this country is several degrees higher in summer and several degrees lower in winter than that of corresponding latitudes in Europe. As physical geography does not afford us any adequate explanation of this discrepancy between the temperature of Europe and America, a solution must be sought for in local conditions. It is a well established principle in chemistry that the combination of oxygen and carbon always evolves heat, and that the quantity of heat evolved is always equal to the quantity of oxygen and carbon consumed. The amplification of this principle fully illustrates the increased temperature of this country; for, as the spring sun falls upon the earth, the congealed coffers of the organic remains of former years are unbosomed, oxygen slowly combines with carbon, and millions of fires are kindled. The advancing sun increases the quantity of oxygen and carbon liberated, which manifest a proportionately increased affinity for each other; the fires grow warmer and warmer. Heat begins to radiate from them; a series of chemical actions transpire in the vegetable kingdom; sap rises and buds expand; the earth is soon robed in verdure.

At the summer solstice the sun is nearest the earth ; the luminous force descends brilliantly—vapors are dispersed rapidly—a serene and gleaming sky oppresses the beholder ; the early leaves and flowers are matured, the fervid heat of the atmosphere hastens their decomposition ; its oxygen passes readily into the fibrous structures of the fallen vegetable tissues, and combines freely with their carbon ; a proportionate combustion ensues, and an equivalence of heat is evolved.

Late in July and early in August storms of rain usually occur. These accelerate the maturity of plants, leaves and fruits, and for a few days diminish the temperature of the atmosphere. But the rains cease—the vapors disappear—the sky is serene—the sun glows intensely—the vegetable kingdom presents a sublime conflagration. The matured fruit and fallen plant of the fruitful plain and teeming valley supply the fuel abundantly. These are the hottest days of the year. Why ? Not, certainly, because the sun is nearest to the earth,—for he has passed the solstice. Chemistry answers the inquiry philosophically, and the physical manifestations of heat throughout the universe confirm her thermal statements. And were the observations carefully made, the quantity of heat manifested in any latitude would be found to bear a close and dependent relation to the quantity of oxygen and carbon consumed.

The luxuriant vegetation, the exuberant foliage, and the dense forest of the Mississippi valley, in a state of almost unceasing combustion, must generate an immense quantity of heat ; for I have already stated that it is a well established principle in chemistry that the combination of oxygen and carbon always produces an amount of heat equal to the quantities of these elements consumed. Did the combustion take place more rapidly, or in a more limited space, the heat generated would be sensibly manifested ; but the quantity produced is not the less because the combustion takes place slowly over an immense expanse of territory. Should not the thermometer exhibit this increased quantity of heat ? That is precisely what it does on the western table-lands, and over the American continent generally. It also affords a physical exposition of the observation that in this country gradual elevation to the extent of six hundred or eight hundred feet does not produce the same diminution of temperature as in Europe.

ART. II.—*Brief Observations on Diphtheria.* By ISAAC MERANDA, M.D., New Carlisle, Ohio.

In the *Lancet and Observer* of January is reported a very interesting discussion on a most interesting disease — diphtheria. We have been almost constantly engaged in the management of cases of this affection since last September. We had intended to give our views more at length on this subject, but having read the discussion referred to above, we have concluded to confine our remarks mainly to a few points, wherein our experience does not entirely accord with that of Prof. Comegys, to give a brief outline of our practice in this excessively fatal disease, and to call attention to some of its after effects, which we do not remember to have seen noticed in any of the books.

Prof. C. stated before the Cincinnati Academy of Medicine that in the last month or so he had met with quite a number of cases of this disease in his practice. As met with by him, it was characterized by soreness of the throat, swelling of the uvula and tonsils, with deep ash-colored ulcerations on the latter — the ulcerations being more remarkable for their depth than the extent of surface they covered. In none of the cases was there any fever; indeed, he considered the disease quite distinguished for the very little arterial excitement manifested in it.

Now our experience is, and we have had frequent opportunities for observation, that all grave cases met with by us were ushered in by chilliness, followed by fever, and, in some instances, delirium. This fever did not usually continue more than two or three days; at which time it gave way, and was succeeded by symptoms of general prostration. Nor do we remember to have seen a single case in which we were able to detect the ulcerated condition spoken of by the learned Professor. What we at first took to be ulceration, on a more minute examination proved to be a membranous exudation, or deposit, which adhered closely to the parts beneath; but on its removal the mucous membrane presented a highly inflammatory appearance, but no visible marks of ulceration. This membranous deposit sometimes extended to the larynx and trachea, producing all the symptoms of genuine croup.

The average duration of our fatal cases was about seven days.

Of the whole number treated the mortality did not exceed seven per cent. The recovery, in many instances, was exceedingly slow ; in some seemingly very mild cases the soreness of the throat continued for ten and twelve weeks. No age nor sex is exempt from its attack ; it is, however, mostly confined to children. In our judgment, it is not contagious.

In the treatment of this, as well as of all other diseases, we must be governed by circumstances. The strong, the robust, the plethoric patient, or cases distinguished for high arterial excitement, will be most benefited by a correspondingly active course of treatment ; while those of a feeble constitution, or where marks of prostration have already shown themselves, will require to be treated quite differently. In the former class of cases I have usually prescribed calomel and jalap in full purgative doses, following with the measures commonly adopted in cases of high febrile action. In the latter I give calomel in alterative doses, conjoined with opium and ipecacuanha, or with camphorated Dover's powders, until its thorough action on the biliary organs is evinced by the evacuation of green stools. In some chronic cases I have seen the happiest effects follow a moderate salivation. While we are applying these constitutional means, we must not lose sight of the fact that there is a constant tendency to depression, which must be vigilantly guarded against by a judicious administration of tonics and stimulants, such as iron and quinine, turpentine, camphor, ammonia and brandy. A favorite remedy with us, and one which we consider admissible in every stage of the disease, is chlorate of potassa, combined with hydrochloric acid :

℞ Chlorate potas pulvis, 3 ij.  
Hydro-chloric acid, f. 3 j.  
Water, f. ℥ viij. M.

“The undiluted acid should be poured upon the powdered salt whilst in the mortar, and as soon as the powder assumes a yellow color, and the fumes of the chlorine begin to arise, dash in the water, by which the decomposition is arrested and the free chlorine retained in the solution.” (See *Braithwaite's Retrospect*, page 432, July No.) Of this half an ounce may be given every two or three hours, according to the urgency of the symptoms. When croupal symptoms supervene, calomel in small but oft repeated

doses is our main reliance. We have but little confidence in external applications to the throat. Blisters, we are inclined to think, are *always* hurtful : they cause much unnecessary suffering, and, in our judgment, add greatly to the nervous depression. A great variety of styptics and astringents have been recommended for the throat internally—such as alum, turpentine, tannic acid, sulphate of zinc, etc. ; but we have found nothing equal to the nitrate of silver. We prefer the solid stick, when we can reach the affected part ; when we can not do this, we apply a strong solution by means of the probang.

But it is certain after effects of this disease more particularly that I wish to call attention.

E. O., a little boy seven years of age, of healthy constitution, after having recovered from a mild attack of diphtheria, was affected with *strabismus*. Under the impression that he had worms, I gave him *spigelia* and calomel, which brought away no worms ; but the *strabismus* disappeared.

Two other cases, aged respectively seven and eleven years, after having to all appearance recovered from the diphtheritic disease, were troubled with a most distressing *presbyopia*. To one of these we gave Jackson's compound syrup of phosphates ; to the other we gave iron and quinine. They both recovered.

Of the real nature of this disease, I think we have yet much to learn, and I hope the subject will be fully investigated by the profession.

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ART. III.—*Ipecacuanha in Diarrhœa and Dysentery*. By E. S. COOPER, M.D., Prof. of Anatomy and Surgery in the University of the Pacific, San Francisco, California.

Perhaps few remedies have been so highly extolled by different authors in any disease as *ipecacuanha* in diarrhœa and dysentery, and particularly this may be said in regard to the various indications it is designed to fulfil in different cases. Thus Eberle regarded it as the first remedy in acute dysentery, given as an emetic, representing it as almost the only reliable one for overcoming the torpor of the external capillaries and breaking up morbid sympathetic actions throughout the system in that disease. While Lane and Shorb found it to be almost a specific in the various forms and stages of both diarrhœa and dysentery. They com-

bined it with opium and acetate of lead, and gave it internally in extremely small doses, frequently repeated,—say one-sixteenth of a grain of each given every ten, fifteen or twenty minutes.

This has in my hands proven the most efficient remedy I ever used in the different types and varieties of these diseases. But while I have had the greatest satisfaction in the use of ipecac emetics in the early stages of acute dysentery and diarrhoea, and also its combinations with opium and lead, given in the very small doses above mentioned, during the various stages and in the different forms of these diseases, I have yet found many cases in which ipecacuanha combined with extract of gentian in the proportion of one-half grain of the former to one of the latter, every hour, acted almost like a charm in the advanced stages of protracted cases, where the other remedies had only produced a palliation of the symptoms.

Taking it all together, I think ipecacuanha in its different combinations may be more advantageously given in diarrhoea and dysentery than any article in the *materia medica*.

In these two forms of disease the increased activity of the intestinal canal, or the irritation in it, tends at once to produce a centripetal direction of the excitement and blood; and ipecacuanha, by overcoming the torpor of the external capillaries, and interrupting the morbid sympathetic action throughout the system, without producing irritation of the stomach or depression, is best calculated to relieve this condition.

These affections of the bowels have been prevailing extensively in this city of late, attacking many of my surgical patients, which led me to this review of remedies that have proven most efficient in their removal.

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ART. IV.—*Hereditary Predisposition a Cause of Pulmonary Consumption*; and some Remarks on its Practical Teachings. By A. P. DUTCHER, M.D., Enon Valley, Lawrence Co., Pa.

The hereditary origin of pulmonary consumption has been admitted by almost every writer, and it may be considered as one of its most fertile sources. As a general thing it is more frequently transmitted to the younger than to the elder children of the family, and also more commonly to the females than to the males;



the reason of this is, perhaps, in consequence of their being exposed more to the same class of inducing causes than their parents. I have known several families where the disease was confined to the female portion—the mother and daughters perishing with the disease, while the father and sons are entirely exempt.

Every physician of experience has seen fearful exhibitions of this tendency of consumption to descend from parent to child. Many individuals are seen to marry when actually in the first stages of the disease, and we have known frequently a single year to circumscribe the existence of one of the parties. If an offspring should be the result of this union, it is almost always sure to die either of tubercular disease of the brain, spine, or bowels. Infants rarely die of pulmonary tuberculosis; the taint derived from the parent mostly manifests itself in the brain or bowels. But if they should live to maturity, they are most always sure to die with the same disease as the parent.

Happily for mankind, however, we frequently meet with many exemptions to this rule, as we not unfrequently see families in which only one or two of its members become consumptive in the course of each generation. And again, on the other hand, we sometimes find large families of children destroyed by consumption whose parents had shown no signs of the disease. I am acquainted with the history of a father and mother who lost eleven children with consumption. The mother died a few years since with dysentery, and the father is still living, in the eightieth year of his age, a vigorous and healthy old man. Consumption, also, sometimes appears to sleep through one generation only to awake in the next with all its destructive energy.

From the preceding remarks it must not be inferred that consumption commences at birth. In some cases it is congenital, but in the greater number it is developed by growth or some other circumstance in life. A parent, for instance, has it in middle or advanced life; his son does not get it until about the same period—sooner or later, according to the manner in which he lives. In this way the disease may remain latent for years before it is manifested. It has, however, been observed that, under the influence of hereditary predisposition, the disease manifests itself at an earlier age than at which it is ordinarily developed independently of other causes.



Again, we frequently see children of a family die with consumption, of which the parents have never exhibited any traces, when subsequently the father or mother or both are attacked, and thus the point of departure of the disease, which exercised a sort of anticipatory action in the offspring, is disclosed. Several years since I attended two young men with consumption, in a family that was supposed to be entirely free from any hereditary predisposition to the disease. At the time of the death of these two young men, the mother, to all appearance, was a healthy, vigorous woman. Six months subsequently she died a marked victim of pulmonary tuberculosis, thus exhibiting the existence of an hereditary influence whose effect had preceded the manifestation.

Notwithstanding all the evidence we have to substantiate the doctrine of the hereditary predisposition of consumption, there is now and then a writer who attempts to deny it. But the doctrine rests upon too firm a foundation to be overthrown by the mere scintillations of a fanciful intellect. One fact is worth a thousand conjectures, and facts we have to prove the hereditary transmission of consumption. Peculiarities of configuration of body, or features of the countenance, are not more decidedly transmitted from parent to offspring than the constitutional taint of pulmonary tuberculosis. It is not simply the influence of temperament, but a settled inherent disposition to this particular pathological condition, and is propagated from one generation to another with occasional exceptions, some of which have been named. Statistics show it to be more hereditary than insanity, for in that disease hereditary predisposition is not a cause in more than one case in *eight*, while in consumption it is one in *four*.

But what are the practical lessons to be deduced from the doctrine of the hereditary predisposition of consumption? When the exubation of tubercle has once taken place in the lungs, we can seldom, if ever, effect a cure. What we do for our patients must be done in the pre-tubercular stage, before it has commenced to occupy the lungs. Hence, where we detect a constitutional or hereditary tendency to this disease, we can not commence our preventive measures too soon. It should be begun in early life, even in infancy. Our first and greatest care should be, that the child receive plenty of nutriment easy of digestion, excessive repletion being carefully avoided. The health of the diges-

tive organs should be carefully watched, and everything that disagrees with them should be strictly prohibited. When the weather permits, it should be daily exposed to the outer air; bathing, and all the other means of hygiene, should be attended to as the nature of the circumstances of the case may demand. When the child arrives at that age when it is capable of taking exercise, it should be encouraged to engage in the sports, such as jumping, playing ball, and the like; but excessive indulgence should be avoided. The training of the mind should also keep pace with the body, but in no instance should it interfere with a full share of bodily exercise.

As puberty approaches, the greatest watchfulness should be had that, during this interesting period, no bad habits be acquired; especially solitary vices, which expose the system to various derangements of health, and diseases of a troublesome and often fatal character. Walking, and riding on horseback, and the use of the tepid or cold bath, as personal experience may indicate, are now to be regularly and systematically practised. The exterior of the body should be well protected from the vicissitudes of the temperature by suitable clothing. Flannel is the best material for this purpose, and in a climate like ours, where it does not positively disagree with the skin, it should be worn by every individual who is in the least degree predisposed to consumption; and, indeed, every individual who desires health would do well, in the winter season, to have recourse to this great preserver of animal heat. Keep the exterior of the body clean and warm, and there will not be much danger of internal congestions and inflammations.

As youth is the period of rapid development and growth of all the physical powers, the system requires an abundance of pure blood, and this can not be supplied without good, wholesome food. This should be regularly furnished, in which a fair proportion of animal matters enter, including beef, mutton, milk, or eggs should be allowed; and if there is debility and inactivity of the digestive functions, they should be remedied by some of the bitter tonics; or if there be anæmia, some of the preparations of iron with magnesia may be used with advantage. This condition of the system, occurring at this particular period of life, should receive our special attention. If it be a fact that tubercle

is formed in consequence of a disordered condition of the blood, it should be our constant endeavor to impart such a degree of tone to all the organs as shall be most likely to conduce to the elaboration of food into good blood, and then the equal distribution of this blood to all the tissues, so as to insure a healthy deposit of all those aliments which promote the development and growth of all the organs of the body.

But, in addition to these means, I am of the opinion that the formation of this predisposition could be in a great degree prevented by the alliances of successive generations. "If," says Dr. James Clark, in his celebrated work on consumption, "a more healthy and natural mode of living were adopted by persons in that rank of life which gives them the power of choice, and if more consideration were bestowed on matrimonial alliances, the disease which is so often entailed on their offspring might not only be prevented, but even the predisposition to it extinguished in their families in the course of a few generations." The propriety of avoiding intermarriages with those families which have shown proofs of consumption is obvious, as nothing is more likely to increase the tendency, and in our efforts to benefit mankind we should bear a faithful testimony on this subject. We should boldly protest against every union which has the slightest tendency to entail on posterity any of those diseases which are known to be of a serious character and uniformly end in premature death.

I am aware, however, that to preach reason and common sense to those who believe that "matches are made in heaven," and that *love* is invincible and uncontrollable, would be chimerical; and yet it might not be entirely useless. We know that there is a sort of hankering that takes possession of the mind, in one or other sex or both, which is fruitful for a season in sighs and tears and sleepless nights, caused by a pretty foot, a keen eye, a laughing smile, or a tender expression; and one thus affected deems himself most desperately and irrecoverably in love. But, unless the being after whom he sighs happens to possess some of the standard excellencies of character, he will perhaps find, when too late, that he has voluntarily entered upon a course from whence there is no retraction. How often is it the case that those who have been once as blind as the little god himself, are at length

aroused from their sweet dreams of fancied bliss to the sad realities of wedded unhappiness !

But he is not always the only sufferer. Others reap the fruit of his errors ; posterity have a greater interest at stake than is often supposed, and which is still less oftener consulted. Suppose a couple, both the branches of a stock affected with hereditary consumption, fall desperately in love, and there can be no objection to their union in respect to the moral worth of either party : is a marriage with their predisposition to the disease justifiable or expedient ? or, in other words, will they be excusable for knowingly entailing such a fearful malady upon posterity ? Are they excusable for perpetuating a disease that blights the fairest prospects of the race, and consigns so many to a premature grave ? It would be better for them to suffer in their feelings, than that a numerous progeny should suffer from the blight of the disease. Such reflections are calculated to touch the very heart ; they reach the conscience. Reason would follow the dictates of conscience, but feeling impels to a violation of organic law.

I hope it will not be considered out of place, even in a medical journal, if, in concluding our remarks, we add a few words on the married relation in general ; for when this is judiciously formed it contributes greatly to health and happiness, and may be regarded a very important means of preventing consumption. We frequently see individuals enter the married state with as little regard to reason as if they were incapable of it. Passion rules the hour, and when blinded and maddened by its influence they hurriedly enter into this important relation ; and it is a truth, which can not be denied, that very many of these marriages formed in haste, when the parties are intoxicated with passion and insensible to everything but its influences, end in mutual coldness, dislike, disgust, and faithlessness to the marriage vows.

Many individuals dislike that any consideration of a pecuniary kind should be thought of in forming a matrimonial contract, while others make it the chief matter in their calculation. The object that every person has in getting married is to render himself more comfortable, more happy ; and, therefore, with such an object in view, it is not stoicism nor speculative philosophy to consider the means by which it may be best promoted, or to have an eye to the obstacles that may interpose to prevent the anticipated end. If, then, a couple are about to take this step, which

is to render them happy or miserable for life, we deem it the part of true wisdom for each party to examine whether there be not some circumstances which, in the end, will produce unlooked-for results. A couple may for a time live on little else than love, but if there is a great inequality in the temper, disposition, or education, or if the habits of living of one or both have been much more expensive than their means will warrant in the new relation they are about to form, they may well ponder the step they are about to take.

Marriage alone does not confer happiness, but when formed with due reflection and proper principles it will result in the greatest prosperity, and be followed with the most enduring affection. I have not the least doubt but the trials, difficulties, and perplexities incident to the married state are a frequent cause of pulmonary consumption, and the physician, as the friend of man, should do all in his power to alleviate them; for who occupies a more commanding position in society than the enthusiastic, scientific, and conscientious physician? He is, in a word, the very embodiment of effective agency, and his influence, properly exerted, will be most powerfully felt on the great body of humanity.

The physician should be something more to mankind than a prescriber of drugs. He should, by all means, instruct them in the laws of life and health; he should show them that disease and premature death are, in the great majority of cases, the result of violated law. "It is the duty and privilege of the medical practitioner," says the great Dr. Theophilus Thompson, "to take every opportunity of impressing truths so important to the health of the community; to exert his influence against inordinate desires, and to demonstrate, as opportunity occurs, that health would be essentially promoted if education were so conducted as to train the mind for tranquil superiority to pressing cares, and to qualify for the exhilarating occupations of a useful life."

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ART. V.—*Hydrophthalmia.* By F. CLARK, M.D., Delaware, Ind.

As dropsy of the vitreous humor of the eye is an affection rarely met with in country practice, I propose to report a case of this character which has lately come under my notice, for the benefit of the many readers of your journal. The patient was a

female, æt. about 50, and of rather weakly constitution, who had overtaken her eyes by the use of the needle. Complained that vision in the right eye had gradually become dim, with a slightly uneasy sensation, deeply seated, scarcely amounting to pain. There was an extensive effusion pressing upon the aqueous humor and iris, so as almost entirely to obscure vision of that eye. The vessels leading to the part was slightly injected and red, indicating, as I judged, a low grade of inflammatory action.

The treatment consisted in briskly moving the bowels with calomel and rhubarb, applying a blister near the outer angle of the orbit and puncturing the same at its inferior margin. Under this treatment the effusion rapidly subsided, and in a few days the eye regained its normal condition.

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### **Proceedings of Societies.**

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*Proceedings of the Cincinnati Academy of Medicine.* First regular weekly meeting, January 26th, 1860. Reported by J. A. THACKER, M.D., Recording Secretary.

The committee on hall having reported that the hall they had procured was ready for occupancy, a meeting of the Academy was called this evening. Dr. J. F. White, the President, in the chair.

The minutes of the previous meeting were read and adopted.

As there was no essayist for the evening, reports of cases were called.

*Report of a Case of Cephalic Version*, by S. P. BONNER, M.D.

At 10 o'clock P. M., November 11th, 1859, I was summoned in haste to attend Mrs. N., who, the messenger informed me, was in active labor. When I entered the room, the nurse told me the membranes had just ruptured. I immediately made an examination, and found the right arm down, with the shoulder presenting at the superior strait. The right ear could be felt in the left iliac fossa.

I at first determined to bring down the feet by turning, and deliver by that method; but recalling Dr. M. B. Wright's paper upon cephalic version, and a case recently reported in the *Cincin-*

*nati Lancet and Observer* by my father, Dr. S. Bonner, I determined to try that method first.

I returned the arm as soon as possible, then, by passing two of my fingers upon each side of the neck of the child, and pressing (in the absence of pain) towards the right of the mother, and slightly upwards, the head of the child was brought into the first position. I was very much astonished and delighted with the result. I had not the slightest idea, before attempting the manipulation, that I would succeed, at least so easily. The child was born alive in about five minutes after.

I was afterwards informed that Mrs. N. had had four children previous to this one. One of them was a breech case, and the child was still-born. Another was a shoulder case; a physician in Brooklyn, N. Y., turned: this was also still-born. The other two were head cases, and were both born alive.

#### *Remarks.*

Prof. Murphy, after complimenting the Doctor upon his success, and the skill he manifested in the case, stated that he did not believe the operation of cephalic version could supercede, in all cases of shoulder presentation, the old method of bringing down the feet. In performing so important a *manœuvre*, three conditions, at least, were necessary to insure success: 1st, The woman should be a primipara, and should have a capacious pelvis; 2d, The parts should be dilatable and well lubricated; 3d, The membranes should have been just ruptured. In the case reported, he had no doubt all these conditions were presented; otherwise, he did not believe the Doctor would have been so successful in his attempts.

Dr. McIlvaine, following, asserted his entire confidence in the feasibility of the operation. Physicians, he said, were mistaken who supposed that in cephalic version it was *their efforts* that brought down the head: on the contrary, it was the result of uterine contractions, after the replacement of the arm and shoulder, and the accoucheur had nothing to do with it. It seemed to him a far more natural operation, and one less liable to accidents, to replace the arm and permit the head to come down *in situ*, through the uterine efforts, than to insert the hand into the uterus, hunt for the feet, and, by producing a rotation of the body, bring them down through the vagina. Surely, no less space, nor less

favorable circumstances of any kind, would be required in the performance of this latter operation than in the former.

The Doctor said he hailed cephalic version as an important improvement in obstetric medicine.

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Dr. Bonner reported a case he had lately met with, presenting some singular features. A young man, a theological student, aged about twenty, while sitting in church was attacked with dizziness. Shortly after returning home he became speechless, and the Doctor was sent for. On his arrival, the patient appearing to have some symptoms of congestion of the brain, as a full and frequent pulse and suffused eyes, he ordered four leeches to the head. Soon after the application of the leeches the pulse rapidly fell, and they were removed, his speech returning.

From that time until the present, although improving, he had excessive sleep—sleeping eighteen hours out of the twenty-four. He has also occasionally spasmodic twitchings of the right arm. In the last two days there has been intermissions of the pulsations of the heart, although no organic disease of that organ is discoverable.

A most remarkable feature in his case are the hallucinations with which he is affected while awake,—there being presented to his vision, on the walls of the room, all manner of pleasing, and, sometimes, ludicrous objects, the sight of which often produces convulsions of laughter in him. Notwithstanding these hallucinations, his mental faculties seem intact—sufficiently so, at least, as to enable him to converse intelligently, and to be conscious of the unreality of the sights of his disordered vision.

The Doctor stated that his treatment had consisted mainly in the administration of tonics—as iron, valerianate of quinine, etc.

He observed he would like to hear from some of the members present in regard to the case. He confessed there were many things about it he did not understand.

Dr. White inquired if the Doctor had used any efforts to ascertain if the patient had been indulging in onanism. This practice, he said, indulged in to any great extent, would debilitate the nervous system, weaken the mental faculties, and produce those symptoms consequent upon such effects. Indigestion, too, and disorders of the alimentary canal, would have the same result;



and as the patient was a close student, in the habit probably of taking insufficient exercise, it was quite natural to suppose he was more or less a sufferer in these respects. If not guilty of onanism, he would be inclined to ascribe his affection as due to disorder of the primæ viæ. Sometimes the two causes act together. The mere denial of a person of indulgence in masturbation, when inquired of directly, would not be sufficient to satisfy him of their freedom from such a habit; for, in the vast majority of cases, an effort will be made to conceal it.

Dr. Bonner stated that he had used every exertion in his power to ascertain if the patient had been guilty of any such practices; and had every reason to believe him free from them.

Dr. J. A. Thacker suggested the probability of the symptoms narrated indicating incipient mania.

Prof. Comegys said that he was inclined to believe the patient at this time was suffering from some organic lesion of the brain, and he would not be surprised if mania eventually supervened. He related a case, a patient of Dr. W. Judkins, whom he had lately seen, similar to this of Dr. B.'s in many of its features. The patient had suffered for about two years with symptoms of disordered nervous action, as spasmodic muscular action, difficulty of articulation, and inability to considerable extent of locomotion. Within a few weeks mania had set in.

In this connection the Professor observed, that he would like to draw the attention of the Academy to the importance of the study of insanity. This branch of medicine, he regretted to say, was sadly neglected by the profession, and often resulted in bringing upon it the ridicule of the public. In a number of cases lately brought before our judicial tribunals, the contradictions and clashing of opinions of our medical men, as witnesses, were truly astonishing, and redounded but little to the credit of the profession. He thought the Academy, at a future time, should make insanity the subject of discussion—particularly that branch of it termed moral insanity.

Dr. Wm. H. Mussey observed, that, as regarded that classification of insanity, termed moral insanity, the definition of it, as usually rendered, was very obscure and difficult to understand. Indeed, the only definition of it that he *had ever heard*, that was any way clear or expressive to his mind, was that given by his father, R. D. Mussey, before a court, when asked to define it;

namely, that moral insanity was moral depravity, and *that every wicked man was morally insane.*

He thought that physicians who had not sufficient experience in insanity as to become *experts*, should not hesitate to confess their ignorance in that branch of medicine, and decline being witnesses in any contested case. He himself had never hesitated to avow his incompetency when called upon to testify in such cases.

Prof. Comegys stated that he would define moral insanity *as a perturbed or disturbed state of the life of relation, or, in other words, a want of self-control, with a full consciousness of right and wrong.* In a late case of insanity tried in this city, known as the Oain case, he, as a medical witness, testified that a person, overcome by excessive grief on account of the seduction of a beloved daughter, so as to be rendered moody and uncompanionable, going about with his head hanging down, and incapacitated to attend to his daily business, should be considered morally insane, as regarded the killing of that seducer on coming into his power.

Dr. McIlvaine said, that it was strange to him that the acts of a man that accorded with the sense of duty, as held by nineteen persons out of twenty, should be considered as acts of insanity—the results of a diseased mind.

In this same case mentioned by the Professor, one of the attorneys of the defendant came to him, and, after giving him a history of the case, asked him for a verdict in favor of his client's insanity. His reply was, that the man that killed the seducer of his daughter—him that had brought ruin on his family, and forever in this world destroyed his peace and comfort—was not suffering from insanity of his moral feelings, but was acting entirely in the line of duty he owed himself and his family.

If he had been summoned as a witness in the case, his testimony, he said, would most undoubtedly have clashed with that of Prof. Comegys. He who meted out just punishment to his enemy was not suffering from that perturbed state of the life of relation mentioned by the Professor, *in his estimation*; on the contrary, *he thought* he ought to be commended for the healthy state of his moral feelings.

#### MISCELLANEOUS BUSINESS.

On motion, section 3d of act 3d of the by-laws was changed so as to read, that the meetings of the Academy should be held weekly, instead of monthly.

Dr. McIlvaine suggested the propriety of publicly announcing the weekly meetings of the Academy, and inviting the public to attend its meetings. The Academy of Medicine, he said, he considered a democratic institution, intended to benefit the public. Medicine was a science, and had nothing to conceal.

It was a notorious fact that in matters of public hygiene, and, indeed, in all matters pertaining to medicine, the medical profession in this country was not consulted by the public. In France, the case was entirely different: there the dicta of the Academy of Medicine of Paris were the law of the land; all matters of medical polity were referred to it, and its decisions were decisive. In this city there was about to be erected a new hospital, concerning which the medical profession has not been consulted. Physicians should not permit themselves to be treated thus in what so much concerned them. They should make themselves heard in the matter; and in what better manner can they do it than by expressing themselves through this, the only society that, from the nature of its organization, can appeal to the public?

Dr. McReynolds proposed Drs. John Davis, Wm. B. Davis, and Thos. L. Neal, as members of the Academy.

Dr. McIlvaine announced that at the next meeting he would discuss the claims of cod-liver oil as a therapeutic agent.

On motion, adjourned.

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### Special Selections.

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#### *Acupressure—A New Method of Arresting Surgical Hæmorrhage.*

By J. Y. SIMPSON, M.D., F.R.S.E., Professor of Medicine and Midwifery in the University of Edinburgh, etc., etc.

[From the Edinburgh Medical Journal, January, 1860.]

At the first winter meeting of the Royal Society of Edinburgh, held on Monday, the 19th December, 1859, Professor Simpson made a lengthened communication on acupressure, as a new mode of arresting surgical hæmorrhage. After describing the various methods of stanching hæmorrhage in surgical wounds and operations, which the Greek, Roman, Arabic, and Mediæval surgeons employed, he gave a short history of the introduction of

the ligature of arteries, and spoke of it as—with the occasional exception of torsion for the smallest arteries—the hæmostatic means almost universally employed in chirurgical practice of the present day. But he thought that surgery must advance forward a step farther than the ligature of arteries, particularly if surgeons expected—as seemed to be their unanimous desire—to close their operative wounds by the immediate union or primary adhesion of their sides or walls.

To enforce this point, Dr. Simpson recapitulated the arguments which he has already adduced on the same topic in this journal, (see *Edinburgh Medical Journal* for December, 1858, p. 547;) urging that since we now know that in obstetric surgery we can, with metallic sutures, produce with great frequency and certainty complete union by the first intention of the vivified lips of a vesico-vaginal fistula (and that, too, in despite of urine, the most irritating fluid in the body, constantly bathing one side of the wound), surgeons ought to heal *their* common surgical wounds by primary adhesion also, provided there were no counteracting circumstances to prevent this desirable result. Yet the complete and entire union by the first intention of surgical wounds left by the removal of a limb, mamma, tumor, etc., was confessedly not very frequently seen in surgical practice. The *ligatures*, by their presence around the cut arteries of the wound, formed the counter-acting circumstances or agents which prevented the primary union of the sides of the wound. They produced this effect in two ways: 1. They acted themselves as foreign bodies in the depths of the wound; and when composed of silk or organic matter, they rapidly swelled with imbibed animal fluids, which soon decomposed, and thus rendered each ligature thread liable to act like an irritating seton. 2. They counteracted immediate union or primary inflammatory adhesion in another way, viz., they always set up in the ligatured points and ends of the tied arteries *higher* stages of inflammation than the adhesive—stages that were, indeed, destructive of adhesion; for every ligatured artery, at the point of deligation, has its two inner coats mechanically torn and divided by the ligature, and before it escapes from its hold on the arterial tube the ligature requires to eat through the remaining bruised and strangled coat by the processes of ulceration, suppuration, and mortification. If two, three, or

more arteries are tied in any wound, then there are consequently two, three, or more points in that wound, in each of which there is going on simultaneously an action of ulceration, of suppuration, and of gangrene. Under such circumstances, complete healing of the wound by immediate union by primary adhesion, or by simple adhesive inflammation, is more than can be expected. Surgeons have made various efforts to overcome the two difficulties thus connected with arterial ligatures. (1) In olden times they were in the habit of including portions of the surrounding tissues in the loop of the ligature. But the process of ulceration, etc., by which each ligature cuts through the part it embraces, was thus found to be rendered unnecessarily severe and protracted. Hence arose (2) the rule of including within the ligature nothing but the arterial tube itself. After this important reform was introduced, the arterial tubes were by many surgeons tied (3) by large, and sometimes flattish, ligatures. These, however, cut and ulcerated through the included artery very slowly; and in practice they were betimes entirely replaced by (4) ligatures as small and slender as was compatible with due strength. To diminish the bulk of the foreign body, or ligature, in the wound, the practice was next adopted of (5) cutting off one end or limb of the ligature after the knot was tied. Others, with the vain hope that the mere loop of a silk ligature might remain buried permanently (through a foreign body) within the depths of the wound, proposed (6) that both ends of the ligature should be cut off—a practice followed with little or no success. The chances of union of wounds by the first intention have been attempted to be advanced by changing, also, the constituent materials of the ligature. Instead of vegetable threads of flax or hemp, (7) animal ligatures of cat-gut, silk-gut, buckskin, fibres of the sinew of the deer, etc., have been employed, under the expectation that they would prove less irritating to the wound, as approaching more nearly to the living animal tissues. (8) *Lastly*, ligatures of metallic thread have also been placed around bleeding arteries with the same hope; and though not irritating, as far as the material of which they are composed is concerned, yet Dr. S. has found that metallic, like any other form of ligatures which is placed around bleeding arteries, and left there to ulcerate through the constricted tube, usually excited, in the course of

their ulcerative progress, too high irritation and inflammation to allow of union of surgical wounds by the first intention.

All the march of modern surgery has thus been in the direction of attempting to increase the chances of the union of surgical wounds by the first intention, by diminishing more and more the irritation derived from the presence and action of the ligatures supposed to be inevitably required for the arrestment of the hæmorrhage. By the new hæmostatic process of acupressure, Dr. Simpson hopes to overcome in a great degree all those difficulties, as by it he expected to arrest the hæmorrhage attendant upon surgical wounds *without leaving permanently any foreign body whatever* in the wound itself. It was an attempt to bring bleeding wounds in common surgery to the condition of wounds in plastic surgery, where no arterial ligatures were used, and where union by the first intention was in consequence the rule, and not the exception to it. Sewing up the outer or external lips of a large surgical wound by silver, iron, or other metallic or non-irritating sutures, and yet leaving within the depths of the wound a series of silk ligatures, each producing ulceration, suppuration, and gangrene at the tied arterial points, was, he argued, but an illustration of a very paradoxical state of matters—like enforcing cleanliness and the best hygienic measures, as it were, outside a house, whilst within doors there were retained and locked up filth and decomposition, and the elements of destruction and disease.

Dr. Simpson stated that he had tested, with perfect success, the effects of acupressure as a means of effectually closing arteries and stanching hæmorrhage first upon the lower animals, and lately in two or three operations on the human subject. The instruments which he proposed should be used for the purpose were very sharp-pointed slender needles or pins of passive or non-oxidizable iron, headed with wax or glass, and in other respects also like the hare-lip needles commonly used by surgeons at the present day, but longer when circumstances require it. They might be coated with silver or zinc on the surface, if such protection were deemed requisite.

At first, Dr. Simpson believed that in using acupressure as a hæmostatic means, it would be necessary to compress the tube of the bleeding artery between two needles, one placed on either side

of it. But in his later experiments upon the living as well as the dead body (as in amputation on the latter, and subsequently injecting tepid water through the arteries, in imitation of the flow of blood) he had found that the compression of one needle was usually perfectly sufficient to shut up an artery, and that even sometimes, when two or more bleeding points were near, they could be closed simultaneously by the action of one needle or pin. The whole process consists in passing the needle *twice* through the substance of the wound, so as to compress together and close, by the middle portion of the needle, to the tube of the bleeding artery a line or two, or more, on the cardiac side of the bleeding point. The only part of the needle which is left exposed on the fresh surface of the wound is the small middle portion of it, which passes over and compresses the arterial tube; and the whole needle is withdrawn on the second or third day, or as soon as the artery is supposed to be adequately closed, thus leaving *nothing* whatever in the shape of a foreign body within the wound, or in the tissues composing its sides or flaps. To produce adequate closing pressure upon any arterial tube which it is desired to constrict, the needle must be passed over it so as to compress the tube with sufficient power and force against some resisting body. Such a resisting body will be most frequently found, 1st, in the cutaneous walls and component tissues of the wound; 2d, sometimes in a neighboring bone, or other resistant point, against which the artery may be pinned and compressed by the acupressure needle; and 3d, in a few rare cases it may possibly be found in practice that a second needle may require to be introduced to serve as a point against which the desired compression is to be made. Most commonly the first of these three plans seems perfectly sufficient, and that even in amputation of the thigh; a thicker or deeper flap merely requiring a proportionally longer needle. In acting upon this mode, the surgeon may place the tip of the forefinger of his left hand upon the bleeding mouth of the artery which he intends to compress and close; holding the needle in his right hand, he passes it through the *cutaneous* surface of the flap, and pushes it inward till its point projects out to the extent of a few lines on the raw surface of the wound, a little to the right of, and anterior to, his finger-tip; he then, by the action of his right hand upon the head of the needle, turns

and directs its sharp extremity so that it makes a bridge were *across* the site of the tube of the bleeding artery immediately in front of the point of the finger, with which he is holding up its orifice; he next, either with this same forefinger of the left hand, or with the side of the extremity of the needle itself, compresses the locality of the bleeding arterial orifice of the tube, and then pushes on the needle with his right hand so as to make it *reënter* the surface of the wound a little to the left of the artery; and lastly, by pressing the needle farther on in this direction, its point reëmerges through the *cutaneous* surface of the flap—the site of the tube of the bleeding artery being in this way left pinned down in a compressed state by the arch of the bridge of steel that is passed over it. The needle thus passes first from and through the skin of the flap *inward* to the raw surface of the wound, and after bridging over the site of the artery it passes secondly from the raw surface of the wound *outward* again to and through the skin. Sometimes the needle will be best passed by the aid of the eye alone, and without guiding its course by the finger-tip applied to the bleeding orifice. It compresses not the arterial tube alone, but the structures also placed over and around the *site* of the tube. When the needle is completely adjusted, all of it that is seen, and that not necessarily so, on the surface of the raw wound, is the small portion of it passing over the site of the artery; while externally, upon the cutaneous surface of the flap, we have remaining exposed more or less of its two extremities, namely, its point and its handle. The rest of it is hidden in the structures of the flap or side of the wound. The degree of pressure required to close effectually the tube of an artery is certainly much less than medical practitioners generally imagine; but in the above proceeding the amount of pressure can be regulated and increased, when required, by the acuteness of the angle at which the needle is introduced and again passed out—the cutaneous and other structures of the flap serving as the resisting medium against which the needle compresses the arterial tube. If it were ever, perchance, necessary to produce greater compression than can be thus accomplished by the needle alone, this increased pressure could be readily obtained by throwing around the two extremities of the needle, which are exposed cutaneously, a figure-of-eight ligature, as in hare-lip, with



without a small compress placed between the arc of the ligature and the skin. In practice, however, the pressure of the needle upon the artery will, without any such external aid, be found to err more frequently, at first, in the way of excess than in the way of defect. The process of the adjustment of the needle is difficult to describe shortly by words, but the whole of it is readily seen and imitated when repeated upon a piece of cloth or soft leather. We fasten the stock of a flower in the lapelle of our coat by a pin passed exactly in this manner. To compress a bleeding artery against a bone is somewhat more complicated, but not much so. In accomplishing it, we have to introduce from the cutaneous surface a long needle through the flap of the wound obliquely to near the site of the artery, and then compressing against the bone, with the fingers of the other hand, or with the end of the needle itself, the part containing the artery, we make the needle, after passing over this compressed part, and after testing whether it has closed the vessel or not, enter into the tissues beyond, and if necessary even emerge from the cutaneous surface on the other side, at an angle somewhat oblique to that at which it entered; thus taking advantage of the resiliency and resistance of the soft textures to make them push the needle with the necessary degree of force against the artery and bone. Arteries in particular parts require special adjustments and modifications to compress them against the neighboring bone, which only anatomy and experience can point out. There is always sufficient soft tissue on either side of the artery for the needle to get a purchase upon, to compress the arterial tube against the bone or other resistant point; and a comparatively slight purchase of this kind is generally all that is required. In two cases, Dr. S. had found that branch of the internal mammary artery which so frequently bleeds in the bottom of the wound after excision of the mamma, easily and perfectly closed by a needle passed through the flap to near the artery, then lifted over it and (after compressing it so as to stop the flow of blood) pushed onward into the tissues beyond. Possibly, in some amputations, an acupressure needle or needles may yet be passed, immediately before the operation, half an inch or so above the proposed line of amputation, so as to shut the principal artery or arteries, and render the operation comparatively bloodless. If so, these needles would serve, at one and the

same time, the present uses of both tourniquet and arterial ligatures. Perhaps this will be found, in some cases, a simple and effectual means of compressing and closing arterial trunks for hæmorrhage, and other practical purposes; as, for example, the artery leading to an aneurism — as the femoral artery in popliteal aneurism — changing the operation for that disease into a simple process of acupuncture instead of a process of delicate dissection and deligation, when in any case the milder methods of compression, manipulation, and continuous flexion of the knee fail. It has been hitherto a difficult problem to obstruct the vessels of the ovarian ligament in ovariectomy, without leaving a foreign body, whether clamp or ligature, upon the stalk of the tumor, to ulcerate and slough through it. If the stalk be transfixed and properly and strongly pinned in its whole breadth to the interior of the relaxed abdominal walls, by one or more acupressure needles passed through these abdominal walls from without, this difficulty may possibly be overcome.

That needles used for the purpose of acupressure, and passed freely through the walls and flaps of wounds, will not be attended by any great degree of disturbance or irritation, is rendered in the highest degree probable by all that we know of the tolerance of living animal tissues to the contact of metallic bodies. Long ago John Hunter pointed out that small shot, needles, pins, etc., when passed into and imbedded in the living body, seldom or never produced any inflammatory action, or none at least beyond the stage of adhesive inflammation, even when lodged for years. Some time ago, when the subject of acupuncture specially attracted the attention of medical men, Cloquet, Pelletan, Pouillet, and others, showed that the passage and retention of long acupuncture needles were attended with little or no irritation in the implicated living tissues. The reviewer of their works and experiments in the *Edinburgh Medical Journal* for 1827 observes: "It is a *remarkable* circumstance that the acupuncture needles never cause inflammation in their neighborhood. If they are rudely handled or ruffled by the clothes of the patient, they may produce a little irritation; but if they are properly secured and protected, they may be left in the body for an *indefinite* length of time without causing any of the effects which usually arise on account of the presence of foreign bodies. In one of M. Cloquet's

patients, they were left in the temples for 18 days; and in cases in which needles have been swallowed, they have remained without causing inflammation for a much longer period. It appears probable, from the facts collected on the subject, that metallic bodies of every kind may remain imbedded in the animal tissues without being productive of injury."—(Page 197.) All the late observations and experiments upon metallic sutures are confirmatory of the same great pathological law of the tolerance of living tissues for the contact of metallic bodies imbedded within their substance. In the operation for hare-lip, where the whole success or failure of the operation depends on the establishment or not of union by the first intention, surgeons use needles to keep the lips of the wound approximated, often compressing these needles strongly with their figure-of-eight ligatures, and find this measure the most successful means which they can adopt for accomplishing primary adhesion.

The acupressure of arteries, when compared with the ligature of them, appears, as a means of arresting hæmorrhage, to present various important advantages :

1st. Acupressure will be found more easy, simple, and expeditious in its application than the ligature.

2d. The needles in acupressure can scarcely be considered as foreign irritating bodies in the wound, and may always be entirely removed in two or three days, or soon as the artery is considered closed; whilst the ligatures are true foreign irritating bodies, and can not be removed till they have ulcerated through the tied vessels.

3d. The ligature inevitably produces ulceration, suppuration, and gangrene at each arterial point at which it is applied; whilst the closure of arterial tubes by acupressure is not attended by any such severe and morbid consequences.

4th. The chances, therefore, of the union of wounds by the first intention should be much greater under the arrestment of surgical hæmorrhage by acupressure than by the ligature.

5th. Phlebitis, pyæmia, etc., or, in other words, traumatic or surgical fever, seem not unfrequently to be excited by the unhealthy local suppurations and limited sloughings which are liable to be set up in wounds by the presence and irritation of the ligatures.

6th. Such dangerous and fatal complications are less likely to be excited by the employment of acupressure, seeing the presence of a metallic needle has no such tendency to create local suppurations and sloughs in the wound, such as occur in the seats of arterial ligatures.

And 7th. Hence, under the use of acupressure, we are entitled to expect both, *first*, that surgical wounds will heal more kindly, and close more speedily; and *secondly*, that surgical operations and injuries will be less frequently attended than at present by the disastrous effects and perils of surgical fever.

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*How to get a Practice : A Valedictory.* Delivered to the Graduating Class of 1859, by JAMES B. McCaw, M.D., Professor of Chemistry in the Medical College of Virginia.

[From the Virginia Medical Journal.]

You have chosen, then, a noble pursuit—one of elevating tendencies, of inestimable privileges. To-night, in the first blush of your well-worn honors, 'tis well to comfort yourself with inspiring reflections; to nerve the heart for coming trials, *for they will soon be here*. Your greatest trouble, indeed, is now at hand. It stands just outside of this hall, where we have studied together. Before you sleep to-night—before the music, the congratulations, have faded from hearing—it will mock you, and whisper into your ear the startling question, *Where are your patients?*

Dear friends, this first and inevitable trouble is hard to bear. You leave us armed, ready for the field, bearing the banner of your alma mater, to seek reputation and honor. Like the knight companions of old, you wander over the country in search of occupation. *How long you will wait!* The road is crowded—regulars, irregulars, and many defectives. The public looks shyly at you; some dislike your appearance, some your manners. "Nobody but their own doctor understands *their* constitutions." Then, too, how difficult to do yourself justice, to put yourself right before the profession and public.

You see a prospect of success, "*an opening*;" but when you get there, it is closed, hermetically sealed, with some broad-shouldered old doctor, who has not the most remote idea of dying.

Hopeless, desponding, you appeal to your friends. They tell you, *Wait for a practice!* Your father says, *Wait*, my son, and you *will* get a practice. Your preceptor answers, *Wait, as I did*, and you will have a practice. There *may* be some dear girl more to you than all besides; but, alas! she, too, tells you, *We must wait until you get a practice.*

Maddened, with hope deferred, I see you coming back to this your starting point, and, with outstretched hands and eager gestures, appealing to those who directed your student life: Friends, friends, teach me the most *important of all knowledge*—How to GET A PRACTICE!

In the attempt to impart this information, I must ask your indulgence, if I should not afford you entire satisfaction, for it can not be denied that the subject is difficult to treat. Indeed, if I could point out such principles of action as would insure success, the hall would require to be enlarged in all its dimensions, to accommodate the crowd who would rush here to study this necessary branch of professional knowledge.

The difficulties of the undertaking are greater, because this useful art has been sedulously cultivated for many years, and by some has been carried to great perfection, and yet its principles have never been written down and put into a scientific form. It has been rather regarded as, what the lawyers term, the *lex non scripta*—that unwritten law to be learned by intuition. Still, by appealing to the traditions of our calling, and carefully consulting such authorities as are reliable, I shall hope to aid you in prosecuting the inquiry.\*

While presenting, however, the views of those who have studied the various ways of getting a practice, I shall take the liberty of adding my own experience on those points when there may be room for an honest difference of opinion.

One of the greatest authorities on this important branch of medical ethics was the celebrated Dr. Richard Mead, who flourished in London more than a hundred years ago, and after enjoy-

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\* For fuller details on these important points, we refer to the erudite article on Medical Ethics, by PHILO ETHICUS, Artium Majester, with notes and additions, by PHILADELPHICUS, Surgeon to the Asylum for Wooden-legged Seamen, etc., etc., to be found in the *Virginia Medical Journal*, vol. vii., p. 253. From this valuable source many of the maxims in this address were derived.—ED.

ing a reputation beyond any of his cotemporaries, in the fashionable world at least, has left behind him, in a series of letters, the embodied results of his experience. In hastily glancing over his instructions to his pupil, Dr. Timothy Van Bustle, it will be at once perceived how permanent has been his influence upon the profession ; for we may recognize many of his best *manceuvres* in constant use at the present day.

Mead was the pupil, and afterward the rival, of the celebrated Radcliffe, with whom he formed an admirable contrast ; and, as these ancient worthies present us with excellent types of their class, I shall introduce them more particularly to your notice.

When Mead was about to commence his career in London, Radcliffe said to him : " Mead, there is no reason why we should interfere with each other. I *bully* all *my* patients ; you must *wheedle* yours." The apt scholar took him at his word, and from that day to this, the two roads to success have been followed by their disciples ; for, while some of the most distinguished names in medicine have blustered themselves into fame, the larger proportion, imitating the safer example of their great leader, have depended on good manners and an insinuating address to take them on to reputation and fortune.

The two methods are based upon a close study of human nature.

There are many who, like the parasitic vines, love to cling to the gnarled and stubborn oak, rather than to depend upon themselves in times of trouble. With these, the Radcliffes, Cheynes and Abernethys found themselves omnipotent. Still, it must be confessed that the *suaviter in modo* has been, on the whole, more productive of good results—most people preferring to be coaxed, rather than driven.

Whether, however, gentlemen, you choose one school or the other, there are certain *maxims* common to both, strenuously insisted on by all my authorities. I can only allude to a few of the most familiar, leaving you to give to each one its proper value.

Mead was one of the first to introduce the custom of having himself *called out of church* ; but he practiced this ruse under peculiar advantages. His father was a clergyman, with a large congregation, and when the doctor was summoned out, would say, " Dear brethren, let us offer a prayer for the poor sufferer to whose relief my son has been called." In this way the doctor soon gained a great notoriety.

As you, my friends, will not enjoy this peculiar advantage, and as the trick has no longer the merit of novelty, I would advise you not to follow this maxim, or even the more modern practice of coming in at the commencement of the *sermon*. If you had a consultation at 11 o'clock on Sunday morning, would you not *always* be punctual to the appointment? Why not be, at least, as prompt when you visit God's house, and seek forgiveness for your many misdeeds?

Another precept, handed down to us from old times, is the plan of riding or driving about the town at all hours, and in great haste, inducing the belief that your services are anxiously sought for by the public. Said Mead to his pupil Timothy, "Whenever you visit a *poor patient*, leave your horse at the door of some rich neighbor. You will be awarded for the additional walk."

A friend of mine told me of a horse-trick which was quite ingenious. The animal would always break his bridle, and dashing through the town, everybody would run out to stop Dr. *Non Parter's* horse. Thus the public became aware of the existence of that *soon to be distinguished* individual.

A method of tactics much above these paltry artifices is worthy of mention—I mean, to *write yourself into notice*. There is a wonderful power in printer's ink, and when you can get into the newspapers, your fortune is made. An operation reported in the local columns—a dreadful accident quickly relieved by that *eminent* physician, Dr. Izard—looks well. Meantime my authorities lay much stress on the importance of writing often in the medical journals. Get up a long list of cases. The disease must be desperate, though common, as the cholera or yellow fever. Sum up the results of your practice after this fashion: 100 cases of cholera treated in the — month of year —. Of these 97 were discharged cured; 2 relapsed through their own imprudence, and 1 absented himself.

A good notion, says Mead, is to write about the last new remedy; or better yet, invent one yourself, to cure some incurable disease. The public wonder, admire your daring and sound your praises.

When you report cases, take care that you give no names. That is very unprofessional. But say: The Right Rev. Dr. —; Judge —, of the Court of Appeals; and acknowledge nothing so low as a member of Congress.

But the last and greatest *maxim*, most extolled by the text-books of the art, is yet to be mentioned: "*Learn* how to praise *yourself*, and at the same time run down your *neighbor*." This requires the highest refinements of the science and all the resources of the most profound *tact*.

It will never do to flatter yourself grossly, or to abuse your rival openly. This would disgust the patient, and might result in disagreeable consequences. But with shrugs, looks and innuendoes, a well-timed prescription and a lucky recovery, a dexterous tactician, especially if supported by a few gossiping tongues, must be very awkward, if he does not succeed in his object. He has then reached the *highest pinnacle of his art*.

These are some of the methods adopted by many to gain the ear of the public, and reach success in the profession. What say you, young gentlemen, to these *maxims in medicine*? handed down to us for centuries; practiced every day in our own midst. Will you make them *your* guide in the coming future? No, No! Rather, this night, tear up in shreds the hardly-earned parchment which only leads you into the crooked paths of fraud and artifice. Throw to the winds your long-cherished ambition, and seek with honest hearts and honest consciences a more humble occupation:

"For if the purchase cost so dear a price  
As soothing folly or exalting vice,  
Then teach us, Heaven, to *scorn* the guilty bays.  
Drive from my heart that wretched lust of praise;  
Unblemished, let me live or die unknown;  
Grant me an *honest* fame, or grant me none."

The question, gentlemen, you have proposed, is not yet answered. You scorn at the first glance the traditions and maxims, the schemes and tricks of a base profession. Such practices may, with the old and hardened *worldling*, be received with a laugh, or admired for their ingenuity; but can get no favor from the fresh and youthful heart. I know in these latter days it is common to look at such questions from a low point of view; in these days of an advanced civilization, which some regard as a more refined *selfishness*; in these days of an interested morality, when the child is taught "honesty, because it is the best policy." Even yet, believe one who is many years in advance of you on the voyage of life—believe me, the world is not yet so steeped in selfishness as



to despise honesty and frankness ; human nature is not so base as to feed *always* on fraud and hypocrisy.

The way to get a practice is plainly marked out before you, and success in your profession is within the reach of every one, who from this night forward determines, come what may, to strive earnestly and conscientiously to *do his duty*. It may be a slow process—it will be a tedious, thorny road, and even when gained the success will assuredly fall short of your youthful aspirations. Yet come it will ; and when you have reached the long-coveted prize, the greatest element in your cup of joy will be the reflection, that you have honorably struggled in the fight with the world, and may proudly wear the trophies you have worthily won.

Success in the practice of medicine will come to every man who devotes himself to its duties with undivided energies and a hopeful, zealous spirit. With these impelling motives, there is nothing more needed, save the requisite qualifications for usefulness, and the rest is but a question of time.

To make yourselves useful as physicians, to render yourselves worthy of public confidence, is the true object, then, of your future life. Nor is this so difficult a task. Each one of you, in his own sphere and after his own way, can effect this result. The labor, and responsibilities of a physician do not demand rare abilities, exalted genius. An average intellect and a good perception are the necessary elements of a medical mind. In short, any one can succeed in doing good service in our art, who secures to himself two leading qualifications—a *good head* and a *good heart*.

You have recently proved, young gentlemen, during your connection with this institution, and by the creditable examination just concluded, that you have a fair proportion of intelligence, which, if cultivated, will enable you to appreciate the leading principles of the science. But the expression includes much more than this. You must have a good head for observing as well as for acquiring. There is no occupation demanding a more constant use of the perceptive faculties, than ours. It is through the power of observation that we reduce theory to practice, transfer science to the bedside, and turn our knowledge to a useful purpose.

The most important attribute of the *great* physician is his rapidity and accuracy of observation. Yet this he is required to

guard cautiously by the exercise of a sound discretion. In a science like our, confessedly imperfect, admitting of many constructions and differences of opinion, though we should be quick to observe, yet be slow to act; for the calm and sober second thought often marks the point where lies the truth.

Another important element in the medical man is a good common sense, and an accurate knowledge of *human nature*. Look at your patient with the *naked eye*, before you put on your scientific spectacles. Study him as a *man*, before you consider him as a patient. What is his character, his disposition, his temperament? What are his habits, his modes of thought, and how shall I bring to light the difficulties lying at the root of this medical problem?

In the exercise of a justifiable medical tact, in a quick appreciation of character, and in the constant appeal to common sense, unprejudiced by foregone conclusions, whether drawn from books or the results of experience, modern physicians stand far above their predecessors. The mind, freed from the routine of the schools, and permitted to reflect, observe and act for itself, has sprung forward with velocity in the search after the truth. Even the heresies of the age may be made useful by a discriminating common sense. Homœopathy and Hydropathy have at least taught us to beware of *too much* physic and *too little* water.

Such is my definition of a good medical head. Add to these qualities, if you choose—they may all be yours; add to these an honest, true and conscientious heart, and your question is answered. You can do *nothing* without that. You may put learning to learning, you may walk the hospital, study disease at the bedside, and read the human heart, you may win a great name in the profession, and adorn with new discoveries the noble art; but without a *good heart*, you will never fill up the full measure of your usefulness—the trusted physician, the sympathizing *friend*, the never-failing support of those with whom your duties lie.

And who have such noble opportunities of cultivating the higher moral qualities? How easy this tender culture to *you*, young men, now going into this sphere of action, with fresh and ardent emotions, ready to soften under every impression, to sympathize with every cry of sorrow. I need not deny in the name of our brotherhood the charge often made, that physicians become

hardened to the pains and weaknesses of suffering humanity. Indeed, it is just the reverse. It is our sad duty to witness so much of sickness, misfortune and vice, that the heart, under this incessant teaching, becomes more and more impressible. Long practice has learned us to preserve a calm and necessary composure when the eye of the frightened invalid is watching ; or harder still, when a mother's glance searches us, looks for a ray of hope, a word of comfort—hope which has fled, comfort we can not give. Still, there is something tugging at the heart-strings, which the world does not appreciate, and from its deepest depths we feel the impotency of our calling.

You *must* have a *good* heart. You would not be worthy to associate so freely, so intimately with pure and loving woman, with angel-children, unless your hearts were also pure. Constant association with the other sex is the great humanizing agent of modern civilization, and *blessed* privilege is ours to spend our lives in their presence and companionship. We see them in their most endearing aspect, their supremest loveliness—unselfish—self-sacrificing, by many a sick bed, (sometimes of God's making, but how often of man's transgression !) or themselves bearing patiently the tortures of disease—

“ Blest partner of our joys and woes,  
Even in the darkest hour of earthly ill  
Untarnished yet thy fond affection glows,  
*Throbs* with each pulse, and *beats* with every thrill.”

You must have a good heart, or you will never hold that place in *children's* affections which the physician in every family should seek to obtain. Children are intuitive judges of character. No miser who loves to count his gold, can tell the *counterfeit* from the true metal more certainly than does the child discern between the gloss of an artificial manner, and the genuine ring of an honest sympathy. You must seek to win their love and confidence. The little ones learn to come without fear, and obey from a feeling of affection. 'Tis only thus that you will exert over them a truly curative influence. The *doctor's* coming will no longer be an event to be dreaded, but a time of joy. How easy, then, to study the disease or condition of these little patients, who, instead of cowering in the nurse's arms, trembling with terror as you approach, will fondly sit upon your knee and *trust* you with all a child's affection !

Lastly, gentlemen, in your intercourse with your brethren, you should study, by a frank and genuine politeness, a tender, scrupulous respect for their opinions and feelings, and an earnest desire to do full justice to all with whom you may be associated, to awake in the bosom of every one a perfect and unshaken confidence in your honor and integrity. In every noble ambition, while you strive to rise to professional eminence, may you not, instead of pulling your comrade down, rather lend him a helping hand? Then, standing together on that high platform only gained by honorable men, how strong will be the united influence of a united brotherhood against the jeers of the ignorant or the attacks of the charlatan.

Are there many before you in the race: still be faithful to the duties of your own sphere, and prove, by patient and cheerful labor, that you deserve a higher place. Preserve with watchfulness the *discipline* of the profession, its rules and customs, and though the trial may be long and hard to bear—for so it will be—and the temptation to work on a *little* faster may be almost irresistible, never forget (to quote an eminent and witty brother\*)—never forget that the tenth commandment was intended especially for doctors: Thou shalt *not* covet thy neighbor's *patients*.

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### Reviews and Notices.

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INTRODUCTORY LECTURES AND ADDRESSES ON MEDICAL SUBJECTS: Delivered chiefly before the Medical Classes of the University of Pennsylvania. By GEORGE B. WOOD, M.D., LL.D., Professor of the Theory and Practice of Medicine and Clinical Medicine in the University of Pennsylvania, etc., etc., etc. Philadelphia: J. B. Lippincott & Co. 1859.

Most of the lectures and addresses which make up this volume have appeared at the time of their delivery in the usual pamphlet form, and of course have only enjoyed a brief preservation. Many of these are of enough intrinsic value to justify their collection into this more permanent and attractive shape; and in view of the withdrawal of the author from the public positions he has so long filled with honor and usefulness, it is eminently fitting that this volume be prepared.

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\* See Address to the Harvard Medical Class, by Oliver Wendell Holmes.

The volume before us consists of addresses before the Philadelphia College of Pharmacy; lectures introductory to the course on materia medica and therapeutics, in the University of Pennsylvania; lectures introductory to the course on the theory and practice of medicine; introductory lectures giving the results of professional observation abroad; valedictory addresses to the medical graduates of the University of Pennsylvania; biographical memoirs of the life and character of Joseph Parrish, M.D., and of Samuel George Morton, M.D.

The book is inscribed, very properly, to the "medical graduates of the University of Pennsylvania, from the spring of 1836 to that of 1860."

For more than forty years Dr. George B. Wood has been one of the most devoted and arduous members of the American medical profession. Whatever he has touched he has adorned; and in retiring from the position of public teacher he carries with him the sincere regard and good wishes of thousands of professional friends and old pupils. It will not be difficult to sympathize with him when he says, "He wishes to bring himself again to the memory of the many physicians, some of them no longer young, who have listened to his instructions during their years of pupilage, and to leave with them a memento, by which, when he shall be no more personally among them, they may now and then recall him to mind, with kindly recollections of former intercourse."

For sale by Rickey, Mallory & Co.

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PROCEEDINGS OF THE AMERICAN PHARMACEUTICAL ASSOCIATION: At the annual meeting held in Boston, Mass., September, 1859.

We are amongst those who have watched the rapid strides which pharmaceutical science is making, with very sincere gratification. The practice of medicine, and the developments of pharmacy, are mutually interested in each other—mutually contribute to the welfare and prosperity of each other; and, as we trust, will ever travel along with mutual sympathy and good will. The volume of Transactions of the American Pharmaceutical Association for 1859 is another evidence of the progress which American pharmacy has made and is making.

Besides the usual official addresses and proceedings, we find

regular reports on pharmacy, weights and measures, revision of the pharmacopoeia, on home adulterations; special reports, on fluid extracts, by Wm. Proctor, Jr.,—wine of ipecac, by Joseph Roberts,—mustard, by Edward Parrish,—rosin weed, E. O. Gale,—syr. iodide of iron, W. J. M. Gordon; with a large number of other special and volunteer reports on topics pertaining to pharmacy, which we have not space at present to give in tabular form. The *Transactions* make up a handsome volume of over 400 pages. We are indebted to the courtesy of Mr. W. J. M. Gordon, of this city, for a copy. The Association adjourned to meet next September, in the city of New York.

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A PRACTICAL TREATISE ON THE DIAGNOSIS, PATHOLOGY AND TREATMENT OF DISEASES OF THE HEART. By Austin Flint, M.D., Professor of Clinical Medicine, etc., in the New Orleans School of Medicine, Visiting Physician to the New Orleans Charity Hospital, etc., etc. Pp. 473. Philadelphia: Blanchard & Lea. 1859. For sale by Rickey, Mallory & Co., 115 Main street, Cincinnati, O. \$2.75.

We have held back a notice of this valuable work, in order to attempt a more extended notice than our space usually allows for reviews, but we are now compelled to bring it forward less thorough and complete than its great merits deserve at our hands.

Prof. Flint has a very transparent and condensed style, that enables a reader to understand with great ease his ideas, and their elaboration. On this account his works are very attractive; besides, the practical good sense underlying all his discussions gives them in this point of view great merit.

Considering the very extended presentation of the subject of heart diseases, by such authors as Hope, Stokes, Walshe, and others, in special treatises or in works on general practice, it would seem as if we had not much more to desire; but the perusal of Dr. Flint's book has satisfied us that it is no work of supererogation, but contains many new observations and refreshing discussions of old themes.

Commencing with enlargement of the organ, he next proceeds to lesions of the walls; then of the valves and congenital malformation; next, of various affections connected with structural diseases; then cardiac inflammations, followed by functional disorders; and lastly, considers changes in the aorta, and thoracic aneurism.

The book is fully up with all we now know on the pathology and treatment of diseases of the central organ of the circulation. It is greatly enriched by numerous original observations, made by its author. He has therefore much to say for himself, besides showing complete familiarity with all that has been written by others.

Lastly, it is an American book, and will add greatly to our national character. It is produced in splendid style, and reflects great praise upon its publishers. We wish we could say as much for all their publications, for we are sorry to add, in view of the immense patronage this house has received from the medical profession, that many of their works, especially in the wood cuts, are wretchedly done, and are mere caricatures of those of which they are reprints.

Every practitioner should purchase this work, who wishes to be *au fait* on this important subject, more especially as these organic affections are so frequently connected with that very common disease, rheumatism.

C. G. C.

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#### Asylum Reports.

**Fifth Annual Report of the Board of Trustees and Officers of the Northern Ohio Lunatic Asylum, to the Governor of the State of Ohio, for the year 1859.**

**Twenty-first Annual Report of the Board of Trustees and Officers of the Central Ohio Lunatic Asylum, to the Governor of the State of Ohio, for the year 1859.**

**Fifth Annual Report of the Board of Trustees and Officers of the Southern Ohio Lunatic Asylum, to the Governor of the State of Ohio, for the year 1859.**

**Third Annual Report of the Trustees and Superintendent of the Ohio State Asylum for the Education of Idiotic and Imbecile Youths, to the Governor of the State of Ohio, for the year 1859.**

**Fifth Annual Report of the Supervisors and Superintendent of the Mississippi State Lunatic Asylum, 1859.**

**Annual Report of the Officers of the Indiana Hospital for the Insane, for the year ending October 31, 1859.**

We shall give a brief review of the above reports in the order named :

Our friend Dr. Kendrick, formerly a practitioner in this city, was appointed superintendent of the Northern Asylum at the beginning of the year 1859. The appointment was eminently a

good one. He is a gentleman of courteous, polished manners, of excellent education — a good physician, and withal, enjoying a good deal of experience in the management of the insane. His report is a very interesting one. The melancholy fact stares us in the face in his report that the buildings are too small — that it has been over-crowded, having 275 patients, when it was originally intended to accommodate 140. 120 patients were admitted during the year, which, added to 155 remaining at the beginning of the year, makes a total of 275 under treatment. Of this number, 71 males and 66 females were discharged, leaving 66 males and 72 females remaining. There were 41 males and 47 females whose insanity was less than one year. From one to six years we find 14 males and 12 females. Mania and melancholia seem to have been the two most frequent forms; as affected with the former, we find 31 males and 35 females, while with the latter we have 15 males and 19 females. The age between twenty and thirty seems to predispose more to insanity than any other period. We find 17 males and 19 females between these two periods, while between thirty and forty 13 males and 16 females are given. The singular and still unexplained fact is repeated in this report, that there are more farmers insane than of any other occupation pursued by men. Dr. K. gives us 35 farmers, 3 teachers, 10 mechanics, 5 laborers, 2 brewers, and 49 *housekeepers*.

Who is that can explain the fact that the peaceful, healthy occupation of tilling the earth causes so much insanity? We hope the superintendents of our asylums will in future reports give us some information on this point. For want of room we must pass over some other important points which we had marked for especial notice. In speaking of treatment the Doctor tells us that he has used with great benefit in the management of the "milder forms of maniacal and melancholic excitement," the fluid extracts of hyoscyamus and valerian. Herring's extract *cannabis indica* was used with "indifferent success."

We must pass on to the report of the Central Asylum, by our friend, Dr. Hills. His report is an exceedingly interesting one, and as he is at the head of the oldest asylum in the State, and one of the oldest in the West, we are rejoiced to find that he has instituted and carried out with success two such plans of treat-



ment as the *non-restraining* and *tonic*. The statistics of this house, for the year, are as follows :

Number in the house, November 1, 1858, 136 males, 119 females ; admitted during the year, 80 males, 100 females ; total, under treatment, 216 males, 219 females ; average number under treatment, 236. Discharged recovered, 44 males, 61 females ; improved, 15 males, 13 females ; unimproved, 37 males, 38 females ; died, 9 males, 14 females—making a total discharged, 221. There remained in the asylum, 111 males, 103 females. The explanation of the large number of discharged during the year, is owing to the financial exigencies of the house, which demanded a reduction of the number of patients. Under the head of General Management of the Insane, Dr. H. tells us “ he has not yet arrived at the acme of our (my) wishes, however, in respect to some points, especially in the industrial occupations of patients, and also in their recreative amusements ; of the beneficial effects of all useful employment, consistent with physical ability, in restoring a healthy tone of mind, I am more convinced than ever.” The knitting, and all new garments, for both males and females, as also all the ironing, have been done by the female patients, under the direction of one assistant. The farm has been largely cultivated by the male patients. The system of *restraint* by “ *camisole, muff, strap, or other device whatever,*” was not used in the house for the last six months of the year. The Dr. tells us that he is not prepared to say that he will never use them again ; “ but certain it is, that so long as we entertain our present belief that the remarkable quiet, good order, decorum, and cheerful happiness prevalent in our wards is in a great measure due to the absence of the irritating, annoying, temper-provoking means of personal restraint, they will never again be used with our sanction.” For the control of excitable patients, a skilful, good-tempered and amiable attendant is by their side, to soothe and calm them. If, despite the skill and management of the attendant, the excitement continues, the patient is led to his or her room till he becomes quiet. This certainly is a great improvement on the old plan of dark lodges, shower-baths, muffs, etc. Under the head of Treatment, we find a full nutritious diet is allowed and insisted on. Tonics and stimulants are given largely and freely, and, no doubt, with all the success claimed for them.

We are led to believe from this report, that there are yet too many physicians who not only do no good, by strong and continued antiphlogistic treatment, but often so prostrate the patients that they are rendered incurable. The day of blood-letting and purgation for the insane is past, with all good pathologists and sound physicians. Regret is expressed, that so much reluctance is manifested on the part of the friends of patients in taking them to the asylum. The time for the successful treatment of insanity is in its earliest stage. Every physician should not only advise, but insist on the immediate removal of the patient to an asylum.

We regret the absence in this report of some statistical tables. We do not find much pleasure in wading through a great number of tables, but this report would have been more interesting if a table of causes and forms of insanity had been given. The report is a very interesting one, and should have a wide circulation with the public.

The last report—that of the Southern Asylum, under the management of Dr. McIlhenny — claims a brief notice. We had occasion last year, in our notice of the report of this house, to say something of it which did not prove very palatable to the superintendent. Indeed, he grew angry with us, and made some naughty, ugly remarks concerning us.

We find it our duty to repeat some of the remarks used last year, for the simple reason that the report contains the same objectionable features. We hope the superintendent will bear with us, remembering that he is public property, and that his acts and reports either reflect credit or cast reproach on our common profession. Before, however, we notice those points in the report which so much offend our eye, let us give the general statistics of the house. At the close of the year 1858, we find remaining in the house 81 males and 79 females. During the year, 51 males and 89 females were admitted, making a total of 250 under treatment during the year. Of this number 26 males and 82 females were discharged cured; discharged improved, 4 males, 3 females; unimproved, 7 males, 7 females; died, 12 males and 2 females; remaining in the asylum, 83 males, 73 females.

Of those admitted during the year, 22 men and 9 women were single; 26 men and 28 women were married; and 8 men were widowers, and 2 women widows.

In the table of occupations, we find 22 farmers, 5 laborers, 4 merchants, 5 clerks, 4 carpenters. It is a fact worthy of observation and reflection, that our profession has not furnished a single patient for either of the three asylums. How is this to be explained? In the table showing the ages of those admitted, we find 4 men and 3 women less than twenty years of age; less than thirty, 18 men and 16 women; less than forty, 14 men and 7 women; less than fifty, 9 men and 8 women; less than sixty, 5 men and 3 women; less than seventy, 1 man and 2 women. In the table showing the forms of insanity, we find 28 men and 13 women suffering from mania; from melancholia, 13 men and 16 women. As we are pressed for room, we must omit several interesting facts stated in the other tables of the report.

We close by calling the attention of the superintendent to the objectionable and abominable manner of writing his native tongue. While discoursing on the health of the house, he notices the occurrence of a few cases of small-pox, and writes as follows: "It manifested itself in a patient about ten days after his admission; he evidently having contracted the disease previously to his being brought into the asylum."

Again, on page 8, we find the following specimen, for which a boy in one of the Intermediate schools would be at least sharply rebuked:

"The roof on the engine and laundry house is very defective, being a gravel and tar one, and will have to be soon replaced by a roof of different material. When this is done, another story should be added to the building—the addition of which would give a sufficient number of rooms for the accommodation of the hands in the laundry and out-door work. As it is now, the whole help have to pass through the main building to the fourth story, thus making it frequently unpleasant to us, as well as to the *hands* themselves."

It is not very pleasant to us, but we must give another example. On page 23 we find the following: "Many patients, who at first have an *accession* to books, can finally be induced to read, by frequently putting *them* into their hands, or by reading short paragraphs to them; and there is no instruction that goes farther towards awakening new sensations in the diseased mind, than the reading of well selected books."

On page 10, and in table 3, the word "widowed" is used improperly. In other respects, the report is a good one. We hope the superintendent will not again make it necessary for us to call attention to such grave and objectionable faults. Some people imagine, and even believe, that if a physician can not write his own language he is not qualified for the position of superintendent of a lunatic asylum.

— The report of the Asylum for Idiots is very unsatisfactory. It is taken up with general remarks, and in no wise gives us what we conceive the able superintendent, Dr. Patterson, should have given us concerning so important a class of patients. The report does not even give us the number, sex, age, etc., of the patients. We hope to have a fuller report from the superintendent next year.

— We are indebted to our young friend, Dr. F. W. Patterson, for a copy of the report of the Mississippi Asylum. Dr. P. is assistant physician to Dr. Robert Kells, Superintendent. The report gives us 136 patients under treatment during the year. Of these, 20 males and 10 females were discharged: 8 males and 4 females were discharged *recovered*; 1 man and 2 women were discharged improved; 3 women unimproved; 9 men and 2 women died. "Of those discharged, 12 were recoveries, which shows a ratio of 46 per cent. of cures on the number of admissions, or 10 per cent. to average number of residents." In the table of "occupations," we find that 38 were farmers, 13 farmers' wives, 3 farmers' sons, 4 farmers' daughters, laborers 8, physicians 2, carpenters 4. The superintendent says that marriages of consanguinity and the forced training of our educational establishments are among the most frequent causes of insanity. There should be a law in every State prohibiting marriages of consanguinity. There is an astonishing amount of ignorance, even among well informed people, concerning the bad results of such marriages. As to the popular system of education being a frequent cause of insanity, we fully endorse all that Dr. Kells says in his report. This great evil is alarmingly on the increase. Fathers and mothers care nothing for physical development, provided they can have their children well educated, as it is called. "Children, as a general rule," the report states, "are placed in the school-room too young,

and kept too long—hour after hour is the tender and growing mind toiling to accomplish the task of some ambitious teacher, or doting mother, in order that the scholar or the child may be regarded precocious and learned. In all this, the warning voice of nature has been unheeded, until the pallid countenance, enfeebled frame and nervous exhaustion give unmistakable evidence of an over-worked brain; and when this course is persevered in, the brain is arrested in its development, and hebetude and mental disorder ensue.”

— The Indiana Asylum is under the charge of Dr. Athon, Superintendent, assisted by Drs. Barnes and Dunlap. The following statistics give the condition of this house during the year. The number of applications was 260; the number admitted, 203; the number refused admission, for want of room, 57; the number under treatment, 480; the number 203 admitted, added to 277 remaining Oct. 31, 1858, make a total of 480. Of the whole number, 95 were discharged cured; 12 died; and 17 were discharged improved; discharged unimproved, 5. The cost “per capita per week” was \$2 45. The deaths were a fraction less than 4 per cent.

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### Editor's Table.

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*An Asylum for Inebriates.*—It has been our intention, deferred from month to month, to say something in reference to the propriety and importance of asylums for inebriates. It is truly fit that the profession take the lead in advocating and urging upon the attention of community this great benevolent enterprise. The address of Dr. M. B. Wright on this subject, before the State Medical Society, last year, is to the point, but might be materially and usefully amplified, with facts and statistics strengthening his positions. There is, however, nothing we can say at this time so directly to the point as the following remarks, which we find made by Dr. Barker in his recent Inaugural Address to the State Medical Society of New York :

“It is now an accepted opinion with the medical profession, that inebriety is a constitutional disease, sometimes hereditary,

sometimes acquired, as much as any malady which man is heir to. To that untiring philanthropist, Mr. J. Edwards Turner, belongs the merit of first calling the attention of the profession and the public to the necessity of an asylum, where the inebriate could be morally and medically treated, with sufficient restraint to control the patient. The State of New York has the honor of having chartered, in 1854, the first inebriate asylum in the world. At the laying of the corner-stone of this institution, Mr. Everett remarked, that 'in laying the foundation of an asylum for this State, if it succeeds, you have laid this day a corner-stone for a similar asylum in every State of this Union, in every kingdom of Europe.' Already has the prophesy partially become history, for efforts are now being made to establish similar institutions in other States and in some parts of Europe.

"It is characteristic of the profession, that more than fifteen hundred leading physicians were petitioners to the Legislature for an appropriation for this institution, and that nine hundred physicians of the State subscribed \$10 each for building the hospital. The State Medical Society has also unanimously recommended it to the favor and earnest support not only of the Legislature of the State, but to the public at large. I am informed by Mr. Turner, that since the institution was chartered, the trustees have received three thousand one hundred and thirty-two applications for admission as patients to the Asylum, although the walls of the hospital are not yet completed. The trustees state in their appeal, that 'among the applicants are twenty-eight clergymen, thirty-six physicians, forty-two lawyers, three judges, twelve editors, four army and three naval officers, one hundred and seventy-nine merchants, fifty-five farmers, five hundred and fifteen mechanics, and *four hundred and ten* women who are from the high walks of life.' The above statement is alone a comprehensive argument for the zealous and continued interest of the profession in this institution."

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*The Legal Study of Practical Anatomy.*—In the last number of the *Lancet and Observer*, we called the attention of our readers to the prevailing disability to the pursuit of practical anatomy, and quoted the recent New York law in full. Since then we have received a letter from Dr. Logan, of Kansas, wherein we are grati-

fied to learn that the energetic men of this new realm are moving in the right direction in professional matters. A bill has passed the Kansas Legislature almost identical with the New York law, thereby making ample provision for the study of anatomy, under all reasonable circumstances. There are also several other bills before the legislature interesting to the profession of that Territory: One to regulate the practice of medicine and surgery, "providing for a State Board of Censors, before whom all applicants wishing to practice must appear and produce a diploma from a recognized school, or submit to an examination;" one to charter a State Medical Society; and one a charter for incorporating a medical college at Leavenworth City. These steps are in the right direction, and afford ample evidence that the profession in Kansas will not prove laggard in the golden field of science.

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*Louisville Medical Journal.*—We have received the first number of this new journal, hailing from our beautiful sister city of Louisville. It is the third medical journal which has been established there since the first of January, 1859—one having suspended from the protracted ill-health of its editor. The present enterprise promises well, and we cordially greet its appearance in the great family of medical journals. The *Louisville Medical Journal* is a monthly of sixty-four pages, edited by Thos. W. Colescott, M.D., and published by John R. Timberlake, M.D., at \$3 per annum. The tone of this new journal may perhaps be indicated in the following paragraph from the editor's salutation: "To all those who believe that the interests of medicine can be best subserved by independent journalism, we wish and will try to commend ourselves. As for those who think otherwise, we have no favors to ask of them, and none to give to them."

This number contains two original papers: one from Prof. Goldsmith, on "false aneurism from ulceration of the femoral artery of the groin," and one on the "induction of premature labor and abortion as obstetric resources," by Prof. Henry Miller. In other respects the *Journal* is well filled with judicious and well written reviews, and careful selections. We welcome our friend, Dr. Colescott, back again to the editorial control of a medical journal, with sincere pleasure. He has few superiors as a writer

of our language, and as a medical scholar, and sound, excellent reviewer and critic, his ability is undoubted. Above all these, he has the independence and individuality so much demanded of those who conduct a medical journal. Those of our readers, who remember the *Western Journal of Medicine and Surgery*, conducted by Dr. Drake, will recollect that the reviews and many of the editorials—the life and soul of that journal—were written by Dr. Colescott, and commanded the admiration of the profession throughout the whole country. He tells us, “those whose memory goes back half a generation will perhaps be able to recollect something of our quality. What we were formerly, we shall be now—with this difference, that, during the lapse of that half generation, having seen some of the dreams of youth and some of the hopes of manhood once and forever destroyed, we have become a soberer, and, perhaps, a sadder man; and have also been made, we trust, in some respect at least, a wiser one.”

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*The Summer Course of Lectures.*—We again call the attention of students to this course of lectures. We write of what we know of the gentlemen composing the corps of lecturers, and can assure students that the course will be a good one. Dr. John F. White, late Prof. of Theory and Practice in the Miami Medical College, is an able, clear lecturer, and enjoying a large practice. His course will be very practical. Dr. John Davis, late Prof. of Anatomy in the Miami Medical College, is one of the best lecturers on anatomy we ever had the pleasure of hearing. He was Demonstrator of Anatomy in the Medical College of Ohio for many years, and has lectured six years. Dr. W. H. Mussey is an excellent surgeon and good operator, and will devote a part of his course to operative surgery.

Dr. E. Williams will deliver a course on the eye, which will, in and of itself, richly repay all who may attend. Dr. W. will give the class the benefit of his clinique, at which will be seen examples of the diseases of the eye, and the various operations.

A feature entirely new, at least in the West, will be the lectures of Dr. McIlvaine, on experimental physiology. For the other gentlemen of the corps, we can say that they will do justice to their subjects. The Commercial Hospital will be open to students—daily visits being made by the faculty of the Medical



College of Ohio. Ample opportunities for dissections will be afforded.

In reply to many inquiries, we repeat that this institution is not a legal school of medicine, and consequently its course of lectures will not be recognized as an equivalent for a regular winter course of lectures. The advantages to be gained consist in the additional drilling which the student receives in the elements of medical science, thus better fitting him for entering upon the winter course with profit; and the better facilities for pursuing practical anatomy and hospital clinics.

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*Annual Meeting of the Ohio State Medical Society.*—By the following card from Dr. Dawson, our readers will have their attention drawn to the meeting of our State Society, next June. We learn that Mr. A. Wilson, the proprietor of the Ohio White Sulphur Springs, will make the most liberal arrangements for the accommodation of the Society and its members on the occasion of the meeting there. All our friends who had the pleasure of participating in the hospitalities of last year, will scarcely need to have this assurance held out :

CINCINNATI, February 17th, 1860.

*Editors Lancet and Observer.*

I wish to make through your journal the following announcement to the medical profession of the State :

The fifteenth annual session of the Ohio State Medical Society will be held at the Ohio White Sulphur Springs, on the second Tuesday of June, 1860. The change in the day of meeting was made from the fact that the American Medical Association will meet this year on the first Tuesday of June, in New Haven, Conn.

W. W. Dawson, Sec'y of the O. S. Med. Society.

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*Ohio College of Dental Surgery.*—The commencement exercises of this institution, on Wednesday evening, February 22, were opened by prayer by Rev. B. P. Aydelott, who delivered an instructive address on Study. The degree of D.D.S., Doctor of Dental Surgery, was conferred upon four graduates : Drs. Anderson, of Miss. ; John Wathing, late of Michigan ; Merritt Wells, of Indiana, and Leonard A. Hendrick, of Milford, Clermont county, Ohio. On the part of the faculty, a very felicitous address was delivered by Dr. J. F. Johnson, of Indianapolis, which was replied to on behalf of the graduates in an appropriate valedictory by Dr. Hendrick.

— We have received the following effusion from a special friend of this "sanctum," which may be regarded as a sort of Valentine epistle. To those, however, who have seen the group of little heads that assemble round the "board" of one of us, some of the points made in the following stanzas will seem somewhat amusing :

SANDUSKY, February 8th, 1860.

*To the Editors of the Lancet and Observer.*

DEAR EDITORS : I think the *Lancet and Observer*  
 Is just about all right—  
 Its contents show that you endeavor  
 To make its matter trite.

And what seems most memorial,  
 You publish nothing "flat ;"  
 While all things editorial  
 Strike me as very "Pat."

Although I only hear "encores,"  
 For one I must refrain,  
 While you are still old bachelors,  
 And an unmated twain.

As such is held a "high offence"  
 Against old Nature's laws,  
 All "men" should show in self-defence  
 Some good, "sufficient cause."

But I will offer fervent prayer,  
 And invoke the heavens,  
 That some "fair damsels" may ensnare  
 Both Murphy and friend Stevens.

And hope the "secondlike edition"  
 May "issue" "nothing short,"  
 But on the period of gestation  
 That both may soon report.

That you may never suffer want,  
 Enclosed I send two dollars :  
 Which you will answer for, "instant,"  
 Or feel a "pair of maulers."

Yours ever,

R. R. M.

*The New York State Medical Society* held its fifty-fourth annual meeting in the city of Albany, February 7th, 8th, and 9th. The president, Dr. B. Fordyce Barker, gave a very excellent inau-

gural address, on the opening of the session. There are some interesting topics alluded to in this address that we shall take occasion to notice more particularly in some other connection. The following officers were elected for the ensuing year: President, Dr. Daniel T. Jones, of Onondaga; Vice President, Dr. E. H. Parker, of Poughkeepsie; Secretary, Dr. S. D. Willard, of Albany; Treasurer, Dr. Quackenbush, of Albany; Publishing Committee, Drs. Howe, Willard and Townsend, of Albany. Delegates were appointed to attend the United States Medical Convention at Washington, in May next, the Sanitary Convention in Boston, in June, and the meeting of the American Medical Association in New Haven.

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*Errata.*—Notwithstanding we use great care in supervising every page of our journal as it comes from the compositor's table, and notwithstanding we have in addition one of the most competent proof-readers in the city, still now and then very vexatious errors in typography will occasionally occur: of these we are reminded that in our last issue, in the article by Dr. Leonard, the word *arms* is made to read *anus*—i. e., the nitro-muriatic bath was to be applied over the spine and under the arms—not over the anus. In the same number we observe Dr. Gardner, of Cleveland, is made to locate a case in *De Root Co.*, Ind. As the "copy" is lost, we do not know how it reads in the original, but it is evidently a mistake, as we believe there is no such county in the State.

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*Newspaper Advertisements of Patent Nostrums.*—We take great pleasure, in this advertisement-ridden age, to notice an exception to the usual subserviency of the secular press to nostrum vending. The *Seymour Times*, of Indiana, a capital, spicy, country newspaper, edited by Dr. Monroe, came to us recently with the announcement, under the editorial head, that "We have about quit advertising for these wholesale poisoners. We suppose it isn't necessary for us to inform the intelligent portion of our readers that every patent medicine, if not a decided poison, is at least a cheat and a humbug; and that every invalid who has sought relief from any of these nostrums has most certainly and surely undermined and ruined his health." The *Times* proposes to withdraw its participation in this fraud on the public, and we

trust the public will show its appreciation by a generous support. We hope Dr. Roback's Scandinavian column, however, will not be kept up much longer in Dr. Monroe's paper.

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*Death of Dr. Todd.*—The last European news announces the death of this eminent physiologist and accomplished physician.

*Professional Esprit.*—Dr. Collier, of Columbus, Ind., writes us that the physicians of his county probably take more medical journals than the same number of medical men in any other county in the State. "They sustain a weekly academy, at which some member reads a paper on some medical topic, which is followed by a free discussion." We record all such unmistakable evidences of honorable progress with very great satisfaction.

*Pure Vaccine Virus.*—It is often a great favor to physicians to know where they can procure *genuine vaccine virus*, on short notice; therefore we take great pleasure in calling attention to the card of Dr. Martin, of Roxbury, Mass., which appears in our advertising department. Dr. Martin has devoted considerable attention to this matter, and his references will be recognized as amongst the most responsible names in New England.

*Boston Medical and Surgical Journal.*—In our last number we announced the editorial withdrawal of Drs. Morland and Minot from the *Boston Journal*. The new volume opens with F. E. Oliver, M.D., and Calvin Ellis, M.D., as editors. These gentlemen are not unknown to the readers of the *Journal*, and we doubt not they will retain the high tone and standard to which it has heretofore been kept. We gladly welcome Drs. Oliver and Ellis to editorial toils and editorial pleasures.

*The Cincinnati Academy of Medicine.*—This body embraces amongst its fellows many working members of the profession, and we hope its sessions and discussions will be so conducted as to tell upon the influence and respectability of medicine in this city. It has recently commenced weekly meetings, and the lecture room of the Dental College, on College street, has been secured for its use. The meetings are every Monday evening, and medical gentlemen from the country visiting the city will be cordially welcomed to the sessions and exercises of the Academy. Dr. John F. White is the president.

*New Books.*—A new edition of *Bennett's Clinical Medicine; Stellis' Therapeutics; Reil on Aconite*—are received, and will receive early and appropriate notice.

*Ohio Medical College.*—As we go to press the session of the Medical College of Ohio is closing up—and the candidates are passing through the terrors of the *green room*. We are obliged to defer the announcement of the commencement exercises until our next number.

*The Cincinnati Medical Society.*—This association meets monthly, at the house of some one of the members. In addition to the usual exercises of a medical society, the social feature is preserved in due proportion. The February meeting of the Society enjoyed the hospitality of Prof. Richardson. Prof. L. M. Lawson is the president.

*The Covington and Newport* brethren unite in a medical association, of which Dr. Tripler, of the United States army, (Newport station,) is the president. The February meeting was held at the residence of Dr. Wise, of Covington,—receiving the hospitalities of his house and table. These social reunions tend to soften the asperities of professional intercourse, and cultivate the “humanities.”

— We are in receipt of the February number of the *Chicago Medical Examiner*, edited by Prof. Davis. It contains a very able paper by Dr. T. Deville, Prof. of Anatomy in the medical department of Lind University, entitled, “a critical lecture on the extirpation of the parotid gland, and its liability to malignant diseases.” The lecture is a review of the report of several cases published by Dr. Brainard in the *Chicago Medical Journal*. Prof. Deville does not deny the utter impossibility, but contends “that the entire removal of the parotid gland is doubted by the most intelligent anatomists and surgeons.” He says, “it is an operation which Dr. Brainard would not willingly undertake.”

We are glad that the respectable and liberal portion of the profession of Chicago is at last represented by such a high-toned journal as the *Examiner*. It has long needed just such a journal. We hope it will be appreciated and patronized accordingly.

**Editorial Abstracts and Selections.****PRACTICAL MEDICINE.**

1. *Iodised Glycerine in Skin Diseases.*—This solution is prepared after the following formula: R Potassii iodidi, et iodini, aa 3j.; glycerinæ, f. 3 ij. Add the iodide of potassium to the glycerine, and when solution is effected, add the iodine. A few minutes' agitation will cause a perfect dissolution.

This solution has the great advantage over alcoholic solutions of not drying; in consequence, the surfaces remain supple, and the absorption and action of the iodine is much prolonged. It should be applied to the affected part and covered with gutta percha paper, to prevent evaporation and increase the perspiration of the part. It is left untouched for twenty-four hours, and the degree of reaction regulates its further application. The application of water will readily remove all traces of the solution. This solution occasions pain, which varies in intensity and duration according to the state of the diseased part and the sensitiveness of the patient. There has, however, never been any general inconvenience. On removing the application, the healthy skin has become brown and the diseased parts paler than before. On ulcerated surfaces, no trace of iodine will be found two hours after its application. Sometimes its action has been so powerful as to produce phlyctene.

The results of Dr. Richter's experiments are, that this solution acts as a caustic; that it has really a heroic action in cases of lupus; that its efficacy is remarkable in non-vascular goitre, scrofulous ulcers, constitutional syphilitic ulcers—doubtful in primitive chancres and eczema, and useless in psoriasis.—*Wener Med. Wochens-Schrift.*

2. *Belladonna as a Local Application in Scarlet Fever.*—Prof. J. W. Benson speaks very favorably of the use of extract of belladonna in the local treatment of the enlarged glands of the parotid and submaxillary regions connected with scarlatina. In an editorial in the *Louisville Medical News* for January, he says:

“In twenty-five successive cases of this disease, which have been latterly under my professional care, the treatment consisted

inunction of the parotid and submaxillary regions by an unguent composed of fifteen grains of the extract of belladonna to an ounce of simple ointment. This was applied freely and frequently as soon as the patient complained of sore throat. A piece of flannel was afterwards applied, and in no case was any other treatment adopted, except the administration of small quantities of neutral mixture during the day. In some cases of rapidly occurring tumefaction of the throat, the prompt subsidence thereof under the treatment left no room for doubt as to its efficacy. I do not pretend to offer this mode of treatment either as a cure for scarlet fever, or as the sole means to be relied upon in any case, but I do claim for it a controlling power over the engorgement, and hence a prevention of those destructive ulcerations of the throat which are so much and so justly dreaded. In some cases it has seemed to have a salutary effect upon existing diarrhoea as soon as the system was influenced by the remedy.

“In one case only was I compelled to discontinue its use because of its constitutional effect. I will not here discuss its *modus operandi*, but simply suggest that the experiments of physiologists in reference to the influence of the organic nerves upon glandular organs, coupled with an experience of thirteen years in its use as a restraining remedy in salivation, and a more limited but somewhat extensive observation of its influence on the mammary gland, seemed to justify, on purely rational and philosophical grounds, the adoption of the course pursued.

“During a discussion some months ago in the College of Physicians and Surgeons upon the merits of belladonna treatment in profuse lactation and mammary inflammation, I took the liberty of intimating that perhaps the contradictory results of the observation of members might have obtained from a failure to distinguish between the pathological condition of the gland itself, and that of the areolar structure in relation with it, for, if my views of its action be correct, it might not influence directly the latter condition, but would prove potent in the former. Since the results of the application as indicated were reported to the College, some of my friends have adopted the same course, and with the same results, viz., perfect success in every case.

“They, therefore, concur with me in attributing such results to something else than the mere coincidences on negative effects.

They may not be, but the application is a simple, and, under judicious watchfulness, a harmless one, and I will be as free to confess its inertness as I am now anxious to press its claims to attention, so soon as my duty shall seem to indicate such a course."

#### SURGICAL.

3. *Local Anesthesia by Cold*.—A correspondent of the *Louisville Medical News* writes as follows concerning the use of cold as a local anesthetic. The application of the freezing mixture for this purpose has been heretofore alluded to in this journal, but we had not observed any special confirmation of its value :

"A dentist, by the name of Branch, of Galena, Ill., was the first person, I believe, who extracted teeth without pain by first destroying the sensibility of the parts by the use of a mixture of ice and salt applied locally.

"Having, on several different occasions, seen this by no means pleasant operation performed without any of the usual suffering, I was not slow in acting upon the idea, and have for some time been in the habit of performing minor surgical operations, using the same means to deaden sensibility. I have been so pleased with the result, that it has occurred to me that a brief mention of it might interest some of the readers of the *News*. Although the plan may be familiar to most, still I know of but one physician, in a large extent of country, besides myself, who is accustomed to it, and he adopted it a considerable length of time before I did, and reports satisfactorily. Coarse salt and pounded ice are mixed together, and by means of a bladder applied to the place to be operated upon sufficiently long to produce the effect desired. The French condom will oftentimes be found a sufficient substitute for the bladder, as in certain situations it can be more readily used. Of course there is danger of carrying this freezing process too far, so that the vitality of the parts may be endangered, but of this the physician must be the judge, as no exact time can be given for its continuance. Generally, one or two minutes will be sufficient.

"Not long since I opened a very large, deep seated, acute abscess in the thigh, in an exceedingly nervous patient, after completely benumbing the parts in the way mentioned, and there was no more evidence of sensibility than if the person had been com-



pletely under the influence of chloroform. In another case, that of an abscess near the rectum, where the parts were extremely sensitive, the same result followed. Lancing a felon, it is well known, is an excessively painful operation, yet I have seen a number of such cases where the patients were not aware of the cutting until informed that it was all over. Many other instances might be given, but as the editors of the *News* are professors in a first class medical college, I wish to be excused from enlarging upon a subject with which they may be perfectly acquainted."

4. *Amputation of the Thigh in the Hypnotic State.*— We have not given the details of recent experiments in hypnotism, which have greatly interested the attention of the faculty of Paris, because, as we anticipated, these experiments have speedily proven of no avail; nevertheless, we select the following from the *London Lancet* for February, as an item of news that will prove interesting:

"M. Guerinan, surgeon to the hospital of Poitiers, in France, has just published, in the *Gazette des Hôpitaux*, the case of a farm laborer, of thirty-four years of age, who has had his thigh amputated for white swelling in the knee-joint, whilst under the influence of hypnotism. The patient has been ill two years, and experienced such pain that it could not be touched without exciting cries of distress. So apprehensive was he of pain, that he would not be carried to the operating theatre, but hobbled on crutches until he fainted. This was a case evidently unfit for chloroform, so that hypnotism was tried. A bright spatula was held about four inches from the root of the nose, the patient being recumbent. Strabismus immediately occurred; but when attempts were made to separate his legs, he resisted, and said it hurt him. Five minutes after the beginning of the experiment, one arm of the patient was raised by the surgeon, but it fell down; hence it was plain that catalepsy was not being produced, and the man then observed that it would be difficult to put him to sleep in that manner. Great silence was then enjoined in the room; and, after five minutes, the patient still being fixed by looking at the spatula, the flap amputation was performed. It lasted one minute and a half, and, to the surprise of all present, not a sign of pain was evinced by the patient, and he made not the slightest movement, though hardly held by the assistants. When asked

how he felt, he said he thought he was in Paradise. His eyes remained open the whole time, were somewhat oscillating, and affected with strabismus. About two minutes before the beginning of the operation, a pupil pinched the patient's thigh, asking him whether he felt pain, upon which he answered, "Yes, I feel a little." After the operation, the patient said: "I felt what was done, for, at the time the limb was being amputated, you said to me, 'Do you feel any pain?'" Now it should be noticed that the limb was removed full two minutes *after* this circumstance occurred, so that the man could not have felt any pain at the time of the actual operation. It is, however, not stated how he bore the tying of the arteries and the dressing of the stump."

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OBSTETRICAL.

5. *Influence of Quinine and Malaria over Pregnancy.*—The idea has been several times advanced, during the last year or two, that quinine had a tendency to produce abortion, when administered to the pregnant female. To this idea we have never given our assent; believing that the diseases or conditions, to remedy which quinine was administered, was doubtless the cause of abortion, when it occurs under such circumstances. In the *Nashville Journal of Medicine and Surgery* for December, Dr. Davidson, of Arkansas, reports a case of threatened abortion, caused by malaria, and successfully treated with quinine. Dr. Davidson says: "Knowing the patient to have been the subject of intermittent fever the summer and fall previous, it occurred to me that perhaps malaria was the cause of the uterine disorder. I therefore administered between fifteen and twenty grains of quinine the next day. She had no return of pains for about three weeks, at the end of which time they came on again. I stopped them with laudanum, but they returned daily, until I gave quinine." . . . "I several times withheld the quinine for a day or two, when the pains would invariably return; but when it was administered regularly it never failed to keep them in check." The above case, so far as it goes, negatives the idea that quinine develops uterine contractions.

[We recently attended a case of uterine hæmorrhage in connection with Prof. Richardson of this city, which assumed a regular intermittent type, and was cured by the free administration of quinine.—ED.]





GEORGE W. WOOD, M.D.

Sec. of the  
Board of Health  
City of New York





Portrait of Dr. D. H. Wood, M.D., taken at his residence in New York City.

DR. D. H. WOOD, M.D.

*D. H. Wood*  
*Professor of Medicine*  
*University of Michigan*

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CINCINNATI LANCET AND OBSERVER.

CONDUCTED BY

E. B. STEVENS, M.D., AND JOHN A. MURPHY, M.D.

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Vol. III.

APRIL, 1860.

No. 4.

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*Original Communications.*

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ARTICLE I.—*General Blood-Letting in the Treatment of Inflammation*: including a reply to a late paper upon the subject, by Prof. Lawson. By JAMES F. HIBBERD, M.D., Richmond, Ind.

Within the last twenty years a very grave change has been effected in the method of treating a very frequent and very important pathological condition of the human system, commonly called inflammation. This change consists in the reduced amount of blood evacuated by venesection — its almost abandonment, in fact,—and is adopted by enlightened physicians throughout the civilized world, with individual exceptions here and there, and perhaps a national exception in Italy.

Two theories have been propounded in explanation of this radical change in therapeutics: one, that the type of inflammation has changed from sthenic to asthenic, and that the altered practice is but a rational adaptation of our means of cure to the different indications presented by the disease; the other, that a more intimate knowledge of the nature of inflammation, its course and termination, has forced upon us the conviction that the old treatment was erroneous, and we have abandoned it in obedience to that conviction.

These theories have been discussed by their friends with hot zeal within the last three years, in Great Britain, often more

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with the apparent anxiety of partisan polemics to sustain the cause they had espoused, than of philosophers seeking to establish the truth.

But however much the cause of the change may be in dispute, the change itself is indisputable, and as patent as the fact that steamships have superceded sailing vessels in carrying passengers forth and back across the ocean.

Few observant persons, not partisans to one or the other set of disputants, will fail to see, upon investigating events just passing into history, that neither any recognized change of type in inflammation, nor any advanced knowledge of its pathology, had anything to do with the induction of the abatement of sanguinary depletion in its treatment.

It originated in a much more humble and far less respectable source. The doctrine of Hahnemann and the practice of his disciples entirely repudiated the letting of blood for any therapeutic purpose, and the teachings of Thomson were to the same effect and equally positive. Thirty years ago the principles of the ingenious sciolist and self-deluded German innovator were finding adherents in a large extent of Europe, and a portion of all classes of society were submitting themselves, when ailing, to the management of this class of practitioners. At the same time the American charlatan had succeeded in establishing an equally extended fame in his own country, and a large number of our people were giving themselves up to a trial of the doctrine which he promulgated under the imposing seal of the Patent Office.

Practitioners of these fanciful follies in medicine were daily found along side of the physician as he pursued the uneven tenor of his way; but, unlike him, they were noisy propagandists of their faith, proclaiming from the house-tops and upon the street-corners, that while physicians were bleeding the life out of their patients, or reducing them to hopeless decrepitude, the new practitioners were restoring to early and perfect health all who would take their life-giving medicines. This clamor affected the people, and the people in turn affected physicians, making the first impression upon two very different classes of men. One class of imperfect education and no great force of character, a species of time-server, who, having little judgment of their own, treat disease in a great measure according to the desires of their patients.



These men do not occupy the centre, but are found upon the borders of scientific practice, where there is always a fluctuating line dividing the practice of physicians from that of charlatans, and the field so abundantly cultivated by nostrum venders. This class readily yielded to the pressure, but the force of their reaction upon the profession at large was limited.

The other class were men well posted in the philosophy of their profession, vigilant of everything passing around, and quick to adopt and apply any real advantage that offered, no matter what its origin. This class were not slow to observe that inflammations treated without blood-letting certainly did as well as those which were treated according to the most orthodox venesection. Adopting at once what was good in the new practice, and discarding the bad, they had an influence that soon made itself felt throughout the profession, and the result was, not only the gradual abatement in the extent of blood-letting in the treatment of inflammation, but a general softening down of all heroic practice in the management of disease.

This changed treatment of inflammation now so generally recognised, did not, therefore, emanate from the centres of learning in the medical profession, but was initiated at the circumference, and for many years has been slowly, but irresistably, creeping in upon and overpowering the most obstinate and reverent sticklers for the practice which culminated in the teachings of Cullen, Gregory and Rassori. It has not, however, even yet penetrated but few of the older teachers and writers to such an extent as to appear prominently in their lectures and books, though there can be little doubt that their practice is in a great measure, at least, regulated by the light of modern advancement.

In promulging this view of the origin of the non-bleeding therapeutics, the perturbations in practice in the treatment of pneumonia in the earlier part of the current century, are not overlooked. It is deemed quite as probable that the terrible experiments of Rassori, Acerbi, Ruef, Trousseau and others, and the milder management of Schmittman, Kissel, and others, were induced by the disturbance created by the innovation of Hahneman, who commenced his erratic career with the final decade of the last century, as that they sprung from any ideas born of their own thoughts.

The theoretical importance of bleeding has been enforced by so many plausible arguments, advanced by such numbers of great and good men — acknowledged law-givers in the profession, and apparently sustained by such ample experience, that in many instances learned physicians, past the meridian of life, who have long been authors or teachers, or both, find it impossible to bring their minds to the conviction that the labors of their earlier years must be acknowledged not only vain, but worse than useless. Consequently, as a rule, neither our text books nor our systematic lectures reflect the actual state of enlightened practice in the treatment of acute inflammation. There are, however, exceptions to the rule, and both the old world and the new afford examples of men prominent among their fellows as instructors in medicine, who cordially embrace and proclaim the altered and better practices, and candidly and honestly confess their errors of the past in this behalf. These men almost uniformly belong to the class who think the change of practice has been wrought by the improved knowledge of pathology that has of late years obtained.

Another division of the writing and speaking class fully acknowledge and freely adopt the decline of blood-letting, but maintain that in so doing they but exercise that sound discretion which has always impelled them to treat disease according to its indications, and assert that inflammations have undergone a change of type from sthenic to asthenic within a few years, not only justifying, but absolutely demanding the abandonment of the active depletive measures imperatively called for before the change in type commenced. This explanation not only gives one a more gratifying view of the condition of medicine as a science and an art, but is also so flattering to the innate vanity of man, and the overweening desire to appear what is erroneously called consistent, that we can not at all marvel that it is popular among professional men.

But these two classes of writers and teachers do not embrace all those so engaged. There is a third set, who yield a reluctant, half-way assent to the change in practice, dogmatically assert, or vainly attempt to prove, the change in type of inflammation, express doubts and profess to feel fears, lest themselves and their brethren may be carried too far in the disuse of the old antiphlogistic plan. While they are definite enough in the expression of

their opinion when pressed to a point, they are continually, in unguarded moments, dropping sentiments, admitting doubts, and promulgating ideas that demonstrate an unsettled state of their minds, a lack of a clear and controlling conviction of their judgments in the truth and right of the new order of things.

A fair specimen of the productions of this last class of men may be found in an article published in the January number of the *American Journal of the Medical Sciences*, entitled "*Remarks on the Treatment of Inflammation* : with a special reference to pneumonia. By L. M. LAWSON, M.D., Professor of Theory and Practice of Medicine in the Medical College of Ohio, Cincinnati."

This paper sets out with the declaration that the science of medicine in the olden time underwent many revolutions, but "within the scientific period—that is, since the successful cultivation of general and pathological anatomy, organic chemistry, and general pathology—complete revolutions no longer take place."

The general ambiguity of this declaration, and its chronological uncertainty are relieved, if not obviated, by the opening sentence in the next succeeding paragraph, thus: "In opposition to this opinion, however, a recent attempt has been made to destroy some of the leading principles of therapeutics, and which, if carried into effect, would constitute a revolution. I allude to the doctrines recently propagated by Professor John Hughes Bennett, of Edinburgh . . . in a work entitled *Clinical Lectures on the Principles and Practice of Medicine*. . . "

This fixes the time wherein a "complete revolution" can not take place, and defines that to establish the doctrine "that inflammation can not be properly treated by depletion," would constitute a revolution according to the idea of Prof. Lawson. Unfortunately for the soundness of this proposition, Prof. Lawson himself subsequently admits that the practice of depletion in the treatment of inflammation has properly subsided, because of a change in type in the disease, and that even in sthenic inflammation we must bleed, not to cure the inflammation directly, but to lessen the inflammatory *diathesis*, which is adding faggots to the flame.

Beside this, Prof. Lawson does not fairly represent the position of Prof. Bennett. The latter says, "It must be admitted by all

who contemplate the actual state of medical practice in this country, that the use of blood-letting and other antiphlogistic remedies has within a recent period greatly declined," and proceeds in an endeavor to give a scientific justification of the change. Prof. Bennett and Prof. Lawson, therefore, agree in this, "that the use of blood-letting and other antiphlogistic remedies has, within a recent period, greatly declined;" and they disagree in that Prof. Bennett asserts, that inflammation is the same now in phenomena and type that it always was, but a better knowledge of its pathology warrants and requires the change in treatment; while Prof. Lawson declares that the alteration in the use of remedies has legitimately followed an alteration in the type of inflammation, and that the former practice was as correct then as the present practice is now.

Would not Prof. Lawson have better subserved the ends of truth by making this or a tantamount statement, rather than by insinuating that Prof. Bennett was trying to introduce a new system, and roundly asserting that "the attempt to introduce new systems usually result from some sinister cause?"

Another unjust fling, and unworthy of its author, is made at Prof. Bennett in this connection, by Prof. Lawson, in these words: "And to make the attempted revolution more complete, Dr. Bennett, in a stealthy paragraph, announces that mercury does not promote the absorption of lymph, and is, therefore, in that sense useless in the inflammatory exudation."

The paragraph by Prof. Bennett is as follows: "As to mercurials, the confident belief in their power of causing the absorption of lymph by operating on the blood is not only opposed to sound theory, as formerly explained, but, like blood-letting, is not supported by that experience which has been so confidently appealed to in their favor. They have been most praised in the treatment of serous inflammations and in iritis. But recent careful observation has demonstrated that the moment these diseases are treated without mercury, they are uninfluenced (except in certain cases for the worse) by this drug. Thus, from an analysis of forty cases of pericarditis recorded with unusual care, by the late Dr. John Taylor, only four appear even coincidentally to have been benefited in any way. And of sixty-four cases of iritis, of every degree of severity, including its idiopathic, traumatic,

rheumatic and syphilitic varieties, treated without mercury, by Dr. H. W. Williams, of Boston, U. S., the results — with four exceptions, which were neglected in the commencement — were perfectly good."

Is there anything "stealthy" in this? On the contrary, is it not a clear and pointed statement of an opinion, and the ground upon which that opinion is founded? An open, candid and decided expression of the author's views is one of the characteristics of Prof. Bennett's *Clinical Lectures* — one which his opponents would do well to copy, and is in felicitous contrast to the paper of Prof. Lawson. But these do not constitute the only offenses of the kind that Prof. Lawson has committed. He attempts indirectly to stigmatize Prof. Bennett as one of the "closet practitioners, and men striving for notoriety," and charges him by inference with having falsified the record to enable him to present statistics sustaining his views.

Prof. Bennett has been a practitioner for more than a quarter of a century, and his "closet" has been the public institutions and private dwellings of the city of Edinburgh; and his strife for notoriety has long ago been successful, as he was an approved and standard author in several departments of medicine years before the first edition of his *Clinical Lectures* was published.

He was, of course, taught the same therapeutics in inflammation as Prof. Lawson, and has changed his practice, he tells us, because the facts of others, and his own observation, wrought a conviction of error. This is his merit. Now, Prof. Lawson says truly, "there is no offense against either good morals or sound philosophy, in changing opinions as our views become enlarged and matured," but there is a serious offense against both good morals and sound ethics for one medical writer to insinuate turpitude against another without showing its truth, and in dragging personal character into the discussion of a scientific question when personal character is in no way involved. Prof. Bennett's statistics are the only point that involves his personal probity; and these, he informs us, were collated by himself and verified by Dr. Glen. To charge him with falsity here, even by innuendo, without an examination of the hospital books from whence he derives them, and which are open to public inspection, is unjust, ungenerous and discourteous in itself, derogatory to the person making it,

and unfortunate for the cause he advocates, as it implies a necessity to resort to subterfuge to meet argument, and to irrelevant matter to sustain a proposition that can not rest upon its merit.

Bearing in mind that Prof. Bennett does not profess to have initiated the diminished employment of blood-letting and other antiphlogistic remedies in the treatment of acute inflammations, but to be seeking whether it is right, and, if so, how it is right, let us see what manner of fact and argument he brings to bear upon the subject, and how Prof. Lawson undertakes to meet them. Prof. Bennett lays down five general propositions, the first of which reads :

“ Proposition 1.—That little reliance can be placed on the experience of those who, like Cullen and Gregory, were unacquainted with the nature of, and mode of detecting, internal inflammations.”

In a preceding part of Prof. Bennett’s book he details the pathological changes that constitute inflammation or “exudation,” as he prefers to denominate it. He now says that in the discussion of the subject, by inflammation, he means “a change in a part characterized by the exudation of lymph through the walls of the minute vessels, resulting from changes more or less well marked in the nervous, vascular, sanguineous and parenchymatous elements of the part,” and that the essential element of this “*is an exudation of the normal liquor sanguinis.*”

In former times, pain, heat, redness and swelling were recognised as constituting external inflammation, and inflammation of an internal organ consisted of pain, fever, and an impeded function of that organ. These were but symptoms, which clinical experience and pathological investigation have demonstrated bear no necessary relation to inflammation. They may be present without inflammation, and fatal inflammation may be present without them. Therefore no importance attaches to the experience of men, however observant, whose treatment was always directed to these symptoms alone.

Prof. Lawson passes this proposition by without notice.

“ Proposition 2.— That inflammation is the same now as it ever has been, and that the analogy sought to be established between it and the varying types of fevers is fallacious.”

Perhaps no one acquainted with the nature of inflammation,

—viz.: “a series of changes in the nervous, sanguineous and parenchymatous functions of a part, terminating in the exudation of the liquor sanguinis” — would doubt for a moment that precisely the same phenomena have existed in inflammation since the day in which the first mortal suffered its pains. This, then, if true, establishes the first branch of the proposition.

If there be any analogy between what is denominated the *type* of fever and inflammation, it has not yet been made manifest, so that it may be entirely true, that fevers change their type as contended for, and yet not afford the remotest evidence of a similar change in inflammations. Therefore this branch of the proposition must stand conceded until the contrary is shown.

Prof. Lawson passes this proposition, also, without notice.

“Proposition 3.—That the principles on which blood-letting and antiphlogistic remedies have hitherto been practiced, are opposed to a sound pathology.”

Prof. Lawson joins issue on this proposition, and follows Prof. Bennett through three of the four divisions under which he treats it.

“1. Can the *materies morbi* in the blood be diminished by bleeding?” Both gentlemen answer in the negative. And Prof. Lawson says, “Who, let us ask, will assume the affirmative? Certainly no enlightened modern practitioner! . . . It is certainly untrue that the physicians of the present day employ blood-letting for the purpose of removing the *materies morbi* from the blood; and it would appear, indeed, that Dr. Bennett has thus exhumed an obsolete idea for the purpose of giving force to his own untenable positions. So far, indeed, is this charge from the truth that we need not stop to argue its correctness, but merely to brand it as a libel on the intelligence of our profession, and a disingenuous effort to sustain a favorite theory.”

Prof. Bennett especially points out that this was the doctrine of earlier times, and after quoting Sydenham, to show his adhesion to it, says, “and the essential idea of diminishing the morbid matters in the blood has not only descended from Hippocrates to the days of Sydenham, but has come down to our own times.” Taken with the context, this language implies that there may yet be found persons who hold to the idea, and it is this which Prof. Lawson brands “as a libel on the intelligence of our profession.”

Probably it would not be difficult to find men within the circle of every one's acquaintance, who believe that bleeding should be practiced to reduce the morbid matters of the blood, and certainly it will not require a long search to detect the same idea in writings of quite recent date. No one lately has, perhaps, announced his faith in the doctrine that pleurisy is "a proper and peculiar inflammation of the blood — an inflammation by means of which nature deposits the peccant humors on the pleuræ;" but Marshall Hall (*Cyc. Pract. Med.*, art. *Blood-Letting*) gives as his fourth indication for the abstraction of blood "the appearance of the blood" itself, and says, "a change in the appearance of the blood as it flows from the more livid to the less livid hue, must also be considered as indicating the propriety of still further detraction of blood."

Prof. Wood in his *Practice of Medicine* (art. *General Therapeutic Processes*) uses this language in reference to blood-letting: "In the treatment of inflammation it is invaluable; not only lessening the force with which the blood is driven into the inflamed part, but impairing those qualities of the vital fluid which most powerfully support that morbid process." And in the treatment of pericarditis he declares that "the stimulating quality of the blood should be reduced by depletion." In fact, the idea of morbid matter in the blood to be reduced by bleeding runs throughout the work, and is reiterated in his *Therapeutics and Pharmacology*, a work but recently issued from the press, in which he gives as the second indication for letting blood, "to lower its quality where abnormally rich and stimulant."

Dr. Chambers, of London, a notable author and teacher, says, in speaking of bleeding: "The more important intention should be the improvement in *quality*, by removing some of the effete constituents destroyed by the disease, and so making room for as much fresh, new blood as the system can furnish."—*Med. Chir. Review*, Oct., 1858.

This showing substantiates the declaration of Prof. Bennett, and demonstrates that Prof. Lawson was both hasty and inconsiderate "to brand it as a libel upon our profession."

"2. Is it good practice to diminish the flow of blood to the part?"

Prof. Bennett decides this question negatively, and undertakes



to demonstrate that throbbing and increased circulation in the neighborhood of an inflamed part arises from a *vis a fronte*, that draws the blood to the part, and not from a *vis a tergo*, that sends it there. Prof. Lawson epitomises the views of Prof. Bennett, and then says: "But unfortunately for this theory, it is all pure assumption, which is not only unsustained by any direct facts, but is actually disproven by certain considerations which I shall proceed to state." This is followed by the assertion that there is complete stasis in the inflamed part, so that no blood can pass through any vessel involved in the morbid process; that so soon as this stasis takes place, the *vis a tergo* forces the blood into the adjacent arteries, and throbbing ensues. But, nevertheless, he admits the truth of "*ubi irritatio, ibi affluxus*," though he limits its application to the initial stage of inflammation—that is, until obstruction has occurred.

One can scarcely believe that this is all Prof. Lawson has to bring forward to disprove Prof. Bennett's theory of throbbing, after making the sweeping declaration quoted above. Yet this is all, absolutely—these bare assertions; and assertions, too, in the very teeth of facts. Let us examine them: "Complete stasis in the part, and consequently no blood can pass through the vessels involved in the morbid action." If ever the hand that penned that sentence should become inflamed, and "no blood pass through the vessels involved in the morbid action," it would never pen another—it would simply be dead—mortified. That would be the inevitable result. Every one knows that, when an inflamed part recovers, only a portion of the vessels involved in the morbid action have had a stasis of their contained blood; that in another portion it is retarded only; and in still another portion the blood has flowed in a current more rapid than normal. All pathologists, probably, since the days of Bichat, teach this. Paget particularly speaks of it, and quotes the oft-told experiment of Lawrence, in opening the veins of both arms in a patient who had an inflamed hand. The veins leading from the inflamed hand discharged three-fold as much as the other in the same time.

What facts are cited in support of the idea that irritation invites an afflux of fluid to a part until obstruction supervenes, when the *vis a fronte* ceases, and for the remainder of the time a *vis a tergo* sends the fluid there? Not one; and probably for the

very substantial reason that there are none. It is a simple assertion, nothing more. How much obstruction must there be before the *vis a fronte* ceases and the *vis a tergo* becomes operative? Where would the *vis a tergo* begin in an inflamed toe, consequent upon an incurved nail? In the heart,—in the aorta,—in the iliac, femoral, popliteal artery,—or where?

Prof. Bennett says the exudation having occurred, acts as a foreign substance which must be removed, and this is accomplished through increased growth by cell formation, whereby it is eliminated externally directly, or fitted for absorption into the blood, to be excreted by the natural emunctories. For this increased growth a larger supply of nutriment is necessary, and this must be furnished by an increased flow of blood, just as is the case to the stag's scalp when the antlers are growing; to the mammæ when milk is first secreted, etc.

Prof. Lawson deems this a very unfortunate illustration; as, one being a pathological condition, and the other a physiological change, there is not the remotest resemblance between them. But he applies the argument as though Prof. Bennett were treating of matters before exudation, whereas Prof. Bennett expressly says the contrary. This is inexcusable carelessness or wilful perversion. As Prof. Bennett puts it, the cases have a positive parallelism, both being physiological transactions.

Every simple inflammatory exudation must go through one of two processes: it must be either organized into a living tissue, or it must degenerate into a fluid and be eliminated, as pointed out by Prof. Bennett. Both acts are accomplished under the operation of physiological laws, which demand the presence and constant flow of a large quantity of blood to perfect the work, just as much as the same conditions are required to mature the graafian vesicle, or to renew the stag's horns. That nature has no other method of performing this service is a fact so well known, it is presumed, as to obviate any necessity for its present demonstration. And this being true, the conclusion is clear that exudation being accomplished, it would not be good policy to lessen the flow of blood to the part.

“3d. Can general blood-letting diminish the amount of blood in the inflamed part?”

This is the third question asked by Prof. Bennett, under Propo-

sition 3. Prof. Lawson mis-quotes it—leaving out the word “general”—a very important omission, and proceeds: “This question he answers in the negative. Most assuredly, then, his previous argument, that blood-letting proved injurious by lessening the quantity of blood, and thereby checking all action, is wholly gratuitous; but not to take advantage of this evident discrepancy, we will proceed to show the fallacy of this third argument against bleeding.” How magnanimous! not take advantage of such a discrepancy! why, it is chivalrous! And the splendor of the act is only clouded by a single fact: that is, Prof. Bennett *has made no such argument*. He and others have made very conclusive arguments to show that the increased quantity of blood in and about an inflamed part is necessary to the perfect action of nature’s remedial plan. But that Prof. Bennett *has* ever argued that general bleeding would lessen the amount of blood there, is a mistake.

Prof. Lawson gives the points of Prof. Bennett’s position under this question, assures us it is as rich in error as the number of words will admit of, and then asserts that the object of bleeding therapists is not “designed to withdraw the blood-corpuscles which have already become adherent, nor to remove the lymph which has exuded outside the vessels; but it is designed to *retard and limit, or even arrest, both the processes of stagnation and exudation.*” Doubtless this is true of Prof. Lawson’s practice, but the idea of breaking up the stagnation of blood in an inflamed part, and causing it to be withdrawn, by bleeding, is one of paramount importance with a large proportion of the phlebotomists.

Prof. Lawson further says: “The stasis of blood, and the exudation of lymph, are evidently proportioned to the force of the circulation, and the degree of inflammatory excitement; indeed, if there is any other law than the degree of excitement directly favoring these actions, I am at a loss to conceive its character. If the excitement and determination of blood are slight, the result will be merely hyperemia, or at most a moderate degree of inflammation, and consequently but little stagnation of blood, and a very small amount of exudation; but if the grade of action is high, a large amount of blood will be forced into the diseased part, stasis soon becomes extensive and complete, and the exuda-

tion of lymph active and abundant. And who can doubt that the destructive tendencies of inflammation, and the difficulties in securing resolution in ordinary cases, are precisely proportioned to the primary condition of high action and copious exudation."

A logical and just deduction from these premises is, that chronic inflammation is not likely to work much harm, and that either inflammation will not occur in debilitated individuals, or if it does, it will be slight and devoid of mischief. Prof. Lawson's life must have been most happily exempt from the trials and anxieties of an ordinary professional career, if his experience has not over and over again given the most emphatic denial of these positions. What is to be said of the cold abscesses, the pneumonias and other inflammations of typhoid and typhus fever, occurring as they do after the fever has continued for weeks, and the system is reduced to such debility that the patient can not change from a supine position upon the bed. How shall we account for the phlegmasia in scorbutus; in the advanced stages of phthisis; and, in short, of all maladies which slowly undermine the strength and waste away the energies of the human frame? The position taken by Prof. Lawson is entirely untenable. He has, in fact, reversed the order of cause and effect. Instead of asserting that "the stasis of blood and the exudation of lymph are evidently proportioned to the force of the circulation and the degree of inflammatory excitement," he would have announced the pathological sequence by saying the force of the circulation and the degree of inflammatory excitement are directly proportioned to the extent of the stasis of blood and the amount and character of the exudation, taken in connection with the reactivity of the system.

But Prof. Lawson does give utterance to some truths, however, that are self-evident. Witness, in this connection, this postulate: "A moderate grade pneumonia, limited in extent and intensity, *is far less likely to prove fatal*, than where a large amount of blood, in the form of active inflammation, is precipitated upon the pulmonary structures, giving rise to copious effusion of lymph, blocking up the air cells *to an extent incompatible with life*." Certainly!

In reviewing the arguments of Prof. Lawson, under this third question, it is found that, though long and labored, they are not

relevant to the position assumed by Prof. Bennett, while the correctness of that position is virtually admitted, viz., that neither general nor local bleeding can diminish the amount of blood in the inflamed internal organ.

Prof. Bennett next asks the question —

“4th. Should the character of the pulse indicate the propriety of bleeding?”

The pulse was formerly the great criterion whereby the necessity of taking blood was judged; but so much mischief was wrought by following its supposed teachings, that at the present day it is allowed only a modified influence in determining whether direct depletion is required. Other sources of information must be taken into consideration before a conclusion is come to, so that the pulse has lost its distinctive character as a guide to venesection, and is regarded as of so little consequence by Prof. Lawson, that he passes over this part of the subject without even mentioning it.

Prof. Bennett's next proposition is —

“Proposition 4. That an inflammation, once established, can not be cut short, and that the only end of judicious medical practice is to conduct it to a favorable termination.”

Prof. Lawson mis-quotes this also, but not so as to materially alter the sense.

Very much of the discussion in the world, and not a little of the animosity thereby engendered, arises out of the absence of a common understanding of the exact thing signified by the terms used. To prevent a collision of this nature, Prof. Bennett, in the very outset, defined precisely what he meant by the term inflammation, viz.: “the exudation of lymph through the walls of the minute vessels, resulting from changes more or less well marked in the nervous, vascular, sanguineous and parenchymatous elements of the part.” Whatever exceptions may be taken to this definition of inflammation, it can not be truthfully charged with a want of definiteness, and all persons taking issue with its author, in his views of the proper treatment of inflammation, are bound, in common courtesy and by the rules which govern scientific discussion, to meet him squarely upon the ground he has so conspicuously taken.

Notwithstanding this, Prof. Lawson has so far discussed Prof.

Bennett's doctrine as though it were other than he promulged, and at this late hour sets up an objection to a definition that was made at the threshold of the argument.

Prof. Lawson gives his idea of inflammation, by stating that the changes that take place in an inflamed part consist of— "1. Contraction of the vessels; 2. Dilatation; 3. Irregular movement of the blood; 4. Stagnation; 5. Exudation;" and continues— "Now the question arises: Does not *inflammation* exist until after the last or fifth stage?"

This question is to be answered, not by reference to anything in the cited phenomena themselves, but by ascertaining what professional men mean by the term. Prof. Bennett, as has been shown, explicitly says that anything short of the fifth stage is not inflammation. Paget says, instead of defining what inflammation is in set terms, lest the name should embarrass the study of the phenomena, he will point out wherein the inflammatory process differs from normal nutrition, and comes naturally enough to exudation as a part of it. Indeed, since the revelations of the microscope has taught what changes take place in an inflamed part, the world of pathologists have as much regarded exudation as an essential part of the process, as did their ancestors either of the symptoms redness, swelling, pain or heat. But Prof. Lawson has chosen, for his own purposes, to follow Alison, and declare inflammation to "consist in the local excitement, engorgement of the vessels, stasis of blood, and a *tendency* to exudation of normal liquor sanguinis, which latter may or may not occur." From the context, he evidently means that the "exudation" may or may not occur, and not the "tendency to exudation," as the construction of the sentence implies.

The only positive fact brought forward in support of this antagonistic position is that pointed out by some eminent pathologists, that inflammatory changes occur in cartilages and in the cornea without exudation. Very true; and for the sufficient reason that these structures are non-vascular; but if there are no vessels in these tissues to give birth to exudation, neither are there any in which engorgement or stagnation of blood can take place; and, therefore, Prof. Lawson's definition is as far from covering the difficulty as the true one. The truth is, the instances named are but exceptions to a general rule, and, therefore, in no

measure invalidate it. Inflammation is a disease of nutrition, and as tissues without vessels are nourished in a peculiar manner, unlike other parts of the body, so must their disorders of nutrition be peculiar and unlike that of other parts of the body.

Not only does Prof. Lawson fail herein to disturb the propriety of the common understanding of inflammation, but he fails to adhere to his own definition. Throughout his article he is occasionally referring to exudation as a part of the inflammatory process; and in framing an argument against Prof. Bennett's asserted analogy between the flow of blood to the ripening graafian vesicle, etc., and the flow of blood to parts involved in inflammation, he expressly declares that in the latter instance "the vessels become obstructed, and morbid exudation finally takes place."

As there is no possibility of arriving at truth, without a well defined meaning to words occupying so important a position as inflammation does in this discussion, let us inquire whether there is a well grounded scientific basis for the common view of it to rest upon. To this end we will review the phenomena of inflammation. Following Prof. Lawson's epitome, which is specific enough for our present purpose, they are these: "1. Contraction of the vessels; 2. Dilatation; 3. Irregular movement of the blood; 4. Stagnation; 5. Exudation."

The first three of these existing, involve the necessity, as an observed fact, of an increase of blood in the part where they exist, and the state is technically known as a "determination of blood." No argument is needed to convince that a pathological condition, proceeding no further than this, may be recovered from and leave no evidence of its having taken place. Stagnation of blood is the fourth named, and is technically known as "congestion." We have the authority of Paget and others for saying that this, also, may be broken up, the vessels cleared and return to their normal service, and retain no trace of having been in a pathological condition. The fifth of the series is an additional step in the same direction, following orderly upon the preceding. A part of the fluid contents of the vessels which have become gorged, transudes through their walls and coagulates in the circumjacent tissues. The diseased vessels, with their diseased contents, may now be the subject of such retrograde forces

as before restored the diseased tissues to a normal condition ; but will the same result obtain ? Not at all. Vessels, to be sure, may be cleared, and again be the conduits of normal blood ; but the coagulum outside will not re-liquify into normal liquor sanguinis, and reënter the vessels, merely reversing the order by which it left them. Here a new series of events commences in the progress of the affair, and no one can say *a priori* what the next step shall be. But further changes must be effected. If vital laws refuse to take hold of the exudation and dispose of it, chemical laws stand ready to assert their power by reducing it to its unorganized elements. The vital laws, under one set of circumstances, will organize it into permanent tissue ; under another set of circumstances, they will prepare it to pass into the absorbents ; under still a third set of circumstances, they will eliminate it as pus ; and yet under a fourth set of circumstances, but no longer under control of vital action, the exudation will be determined into other conditions by the force of chemical laws. How wide and marked the contrast between these uncertain changes, and the series of events that immediately precede them ! There each member of the series is the sequence to the one which precedes it, and the antecedent to the one which follows ; and we know that at any enumerated point before the conclusion of the fifth change, the morbid action may cease, and health be restored, and we are equally certain what the next step forward will be, if the morbid action progresses. But exudation being accomplished, it is the initial point of an entirely new order of things, that must of necessity ensue, and yet no one can say in advance what that order is to be.

This, then, is the ground upon which the scientific definition of inflammation stands ; and certainly it appears to be in the highest degree substantial.

Having, it is believed, clearly shown the pathological state signified by the term inflammation, and the nature of the disease, it would be a work of supererogation to argue that it can not be cut short when fully established, and it follows as a corollary, "that the only end of judicious medical practice is to conduct it to a favorable termination."

Prof. Bennett's last proposition reads thus :

"Proposition 5. That all positive knowledge of the experience



of the past, as well as the more exact observations of the present day, alike establish the truth of the preceding principles as guides for the future."

This proposition is also mis-quoted by Prof. Lawson.

What is our positive knowledge of the experience of the past, and what are the sources from whence it is derived? The sources of our information of the past are the records, statistical and otherwise, which have been left us, and the positive knowledge to be acquired from them is, unfortunately, often exceedingly meagre. Opinions are abundant enough, but these are of little weight, except in instances where the facts upon which they are founded accompany them; and even here much scrutiny is required to determine whether all the facts in the connexion have been given, or only such as would tally with the writer's preconceived hypothesis.

Some statistics there are which may be taken as embracing the whole truth and nothing but the truth, and these, when carefully analyzed, appear to sustain, with a good degree of vigor, the Proposition 5 of Prof. Bennett.

Two points should come out clearly in a statistical investigation of this kind, viz.: 1. What percentage of cases die under a given treatment? and 2. What period does the disease occupy in those who recover? But even when these points are honestly stated, little or no valuable information is communicated, without a knowledge of the age and condition of each patient, the number and nature of the complications, and the *status* of the disease. These are not often given, and when they are, gatherers of statistics are too apt to pass them over and take results alone, and even of these only such as suit their purposes; so that when we consult collated statistics, they must be taken subject to the proclivities of the collator, as well as the bias they may have received from the original author.

Quite a fair estimate of the characteristic infelicity of the labors of statistic-mongers, who seek to sustain a preëxisting conclusion, may be found in a table at the end of the first article in the *British and Foreign Medico-Chirurgical Review* for July, 1858. The author of the article gives the table with the same view that the subject is here presented.

Under bleeding treatment of pneumonia are reported 2,890

cases, and the mortality runs from 1 in 1.5 to 1 in 60, average 1 in 7; while under the non-bleeding treatment there are 9,838 cases, with a mortality ranging from 1 in 2.1 to 1 in 90, average 1 in 4.9.

Prof. Lawson institutes a comparison between Bouillaud's bleeding treatment of pneumonia, and Dr. Fleischman's homœopathic plan, determining favorably to the latter. He says Bouillaud usually takes four or five pounds of blood, and in one instance ten pounds, and the result was one death to eight and a half cases. Now, Bouillaud treated the 102 cases that give this result between 1831 and 1834, while it was in 1854, twenty years after, that he declared his practice to be bleeding to the amount of four or five pounds per patient; whether he bled to the same extent at the former period is not stated. Then, again, all his patients were under 60 years old, and nine-tenths of them under 50. And beside this, Bouillaud's annotators tell us that his statements are not entitled to full credence.

Dr. Fleischman's cases only number 19, and 3 deaths, and Prof. Bennett, on the authority of Dr. Balfour, who reports them, states that only a part of those who applied for treatment received it. This invalidates them as statistics.

It thus appears that neither Bouillaud's nor Fleischman's statistics are reliable, and consequently all inferences drawn from them are without value.

Prof. Lawson is still less fortunate in some of his other statistics quoted. For example, he says, "Bang, of Copenhagen, treated 54 cases with antimony and bleeding, of whom 2 died — 1 in 27." The authority says these cases were treated "with the antimonial mostly after a *single* bleeding."

Prof. Lawson says, "Trousseau treated 52 cases in Hôtel Dieu *with bleeding* and antimony, 2 died — 1 in 26." The authority says, "*without bleeding*, and with tartar emetic."

Prof. Lawson says, "Wossidlo treated 76 cases between the ages of 17 and 70 (5 above 60), by general and local bleeding and antimony, *none* died." The authority says the whole number treated by Wossidlo was "112 cases, of these 4 died — 1 in 28." Such handling of statistics is well calculated to throw into deep shadow any conclusions that may have been arrived at by their supposed teachings.

Prof. Bennett's ward books in the Royal Infirmary, Edinburgh, show 73 cases\* of pneumonia treated in eight years, of which 8 died—1 in 24½. By inspecting his returns, however, we find that of the 3 deaths, one died really of intestinal disease, one of some nephritic disorder, and the third of meningitis. Justly, then, his record should stand thus: 70 cases of pneumonia, treated with small doses of salines during the febrile excitement, and after the pulse becomes soft, good beef tea and nutrients, and if there be weakness, from 4 to 8 ounces of wine daily—*deaths, none.*

Average duration of 40 single uncomplicated pneumonias, 14½ days; of 11 double uncomplicated pneumonias, 21 days. Average duration of 7 complicated cases,—viz., 2 with asthma, bronchitis, etc., 2 with typhus fever, 2 with rheumatic carditis, and 1 with chronic pleurisy,—was 21½ days.

As it stands thus, this record is unequalled for successful management of pneumonia. But something must be set down to the debit side of the account. Thus six of his cases which recovered were bled before admission; but they were uncomplicated cases, five of them single, and the average duration was 20½ days. This, therefore, does not amount to much of a drawback.

Average age of his patients, thirty-one years. This was eminently favorable to success, for "age has a remarkable influence on the mortality of pneumonia. Between six and forty there is a strong tendency to recovery, so that patients during the fever can bear bleeding, tolerate poison, and endure starvation that would destroy a person in health." But if the extremes of age are so unfavorable to recovery, they are also the very cases that will not bear bleeding, and consequently an average age of 31 years implies just the class of patients that are supposed most urgently to require direct depletion. Therefore, if Prof. Bennett cured his patients of this average age without bleeding, it should add to, rather than detract from, the merit of his method.

The paucity of pneumonia, during the term reported—70 cases in eight years—is significant of sporadic cases, generally more prone to convalescence than when the disease is epidemic. But,

\* This includes eight cases reported since his *Clinical Lectures* were put to press.

as a rule, sporadic pneumonia is said by the advocates of bleeding to demand the remedy more than epidemic pneumonia, and this too should exalt, not disparage, the management of Prof. Bennett.

From this examination of his report, it is fully established that Prof. Bennett's treatment of pneumonia was preëminently successful.

Prof. Lawson claims another offset to Prof. Bennett's treatment, and calls attention to it thus: "It is *distinctly stated*, in the review already referred to, that *during the period* covered by Dr. Bennett's cases, pneumonia was remarkably mild *throughout Scotland*." The nearest approach to this that a careful perusal of the review has disclosed is as follows: "*It may be almost inferred that in the three principal towns of Scotland, pneumonia exhibited a remarkable tendency to get well during the years 1855 and 1856.*" Quite a difference.

Again, Prof. Lawson, in speaking of the proportion of deaths to the number of pneumonias treated, has this: "The non-bleeding plan varies from 1 in 4 to 1 in  $21\frac{1}{2}$ ; the antiphlogistic plan from 1 in 3 to 1 in 90." It has already been shown that the extremes in the non-bleeding treatment are 1 in 2.1 and 1 in 90, while in the other plan they are 1 in 1.5 and 1 in 60. We both quote our figures from the same authority.

Let us now devote a little attention to the asserted change of type in inflammation, and discern, if we can, whether it has anything more substantial than assertion to rest upon. Alison, with a long list of coadjutors, seems to rest pretty much upon the simple statement that this is the fact, and this would be valuable evidence if it were not almost nullified by the knowledge we have that these gentlemen are what are known in legal phrase as "willing witnesses"—honest in their convictions, but their convictions in error by the force of their anxiety to sustain a prejudged point.

Prof. Lawson undertakes to establish the change in type in inflammation by analogical reasoning; and first declares that a variation may be clearly observed in different seasons of the year, and still more distinctly in different years. The only proof offered to sustain this is the claimed fact, that "it is well known that inflammatory diseases bear and require more antiphlogistic treatment during winter than summer."

To whom is it well known? Galen taught that it was bad policy to bleed during the dog-days; but who, at present, finds a given number of cases of inflammation in summer require less antiphlogistic treatment than the same number in winter? Thoracic inflammations, at least, are more abundant in winter than in summer, and probably Prof. Lawson has confounded this fact with the other.

Prof. Lawson's next position is, that "it is well known that, since the prevalence of Asiatic cholera in 1832, there has been manifested a greater degree of irritability of the alimentary canal, and consequently diminished tolerance of cathartic medicine." The question appropriately recurs, To whom is it well known? The diminished administration of purgatives, since the days of Hamilton, finds a much more rational explanation in the supposition that the abuse then prevailing in their exhibition has given way to their legitimate and judicious use.

The third analogy offered relates to fevers in the western and southern portions of the United States. "The endemic fevers of this vast region were originally of the periodical type; but as early as 1842 we were invaded by well defined, continued (typhoid) fever, which in many localities superseded the periodical fevers. The continued type predominated in many localities for a period of ten years, since which time it has gradually diminished, while the periodical fever again becomes more common." Prof. Lawson's definition of *type* must be latitudinous. It would probably astonish Christison and Tweedie, or the shades of Louis and Bartlett, to learn that typhoid fever is but a type of the periodical fever of the West and South. The truth is, they are different diseases essentially, and the attempt to prove a change of type in inflammation, by showing that these fevers alternate with each other, is not a whit more reasonable than to undertake to prove the same thing by the sometimes successive occurrence of small-pox, measles and whooping-cough, alternately, in a given locality.

A few pages before this, in Prof. Lawson's paper, he was full of well-told indignation at the comparison made by Prof. Bennett between inflammation and specific diseases, when he declared he thought the time had come when we must recognize the fact that in inflammation fully formed we could no more cut it short

than we could cut short typhus fever or small-pox ; and that, like them, we must manage it through certain changes that were unalterable parts of its progress. Prof. Lawson's outraged feelings found vent, in part, in this language : "The doctrines of Broussais, of Clutterbuck, and of Pinel, would be no more absurd at the present day, than this idea of a parallelism existing between essential fever and local inflammation. The former is the result of specific causes which requires a definite and even fixed period for its evolution ; the latter may result from general or non-specific causes, and therefore requires no definite or fixed period for its development and decline. Thus, the duration of typhoid fever uniformly presents an average of three weeks, being incapable of reduction below that period ; while pneumonia varies in duration from four or five days to quadruple that period."

Now, although this invective is not warranted by the position taken by Prof. Bennett (which seems to have been singularly misapprehended), it may be applied as a very appropriate denunciation of the unfortunate attempt to demonstrate a change of type in inflammation, by giving a narrative of the several fevers that have prevailed in a certain longitude within the twenty years last past. - The closing sentence in the last quoted paragraph affords an additional evidence of the propriety of giving authority for positive statements, for upon examination of seven separate reporters, it turns out that the average duration of typhoid fever, instead of being three weeks, as asserted, is over four and a half weeks, and the extremes of continuance are six days and two hundred days.

Dr. Tweedie's report on fever for 1845 is the last evidence adduced by Prof. Lawson to sustain the doctrine of change of type in inflammation. He says of Dr. Tweedie : "He states that, in the epidemic of 1843, when 1,100 patients were admitted, the quantity of wine administered was about 1,800 ounces, and 60 of brandy ; while the next year, although not half the number were admitted, they consumed 14,000 ounces of wine and 760 of brandy, besides gin and porter ! No fact could be more striking and conclusive than this." One can not help looking for some covert badinage in this, but it really appears to have been written seriously. Look at it ! Because a practitioner one year gave each of his fever patients an average of about an ounce of

wine, and the next succeeding year nearly a quart, therefore inflammations have changed their type from sthenic to asthenic. Yes, that is superlative, irresistible logic! Those who doubt now must be dunderpates.

In sober truth, the advocates of the doctrine of a change of type in inflammation have furnished not one iota of pertinent evidence to sustain themselves, except their individual opinions, purporting to be based upon clinical experience. This would be convincing, were it not negatived by the opinion of others of equally large experience, and as accurate observation, who assert the contrary. These opinions counterpoise, and as the change in type is not a self-evident proposition, the onus of proof rests with those who assert the change.

Prof. Lawson fitly closes his pleonastic article by stating that Prof. Bennett, having been attacked with inflammation, Prof. Miller bled him, and "informs us that his sthenic constitution nobly sustained depletion." Then adds: "Thus the hand of Providence becomes a more potent teacher than statistical tables or microscopic revelations." The inference is, that God afflicted Prof. Bennett with inflammation as the most efficient means of convincing him of the error of his therapeutical opinions. Passing by the impiousness of this sentence, there are two other reasons why it should not have been written. In the first place, Prof. Bennett admits that bleeding relieves pain, and is proper for that purpose if it can be so used without protracting the disease or retarding convalescence; and secondly, when he placed himself under the care of Prof. Miller, he was doubtless treated according to Prof. Miller's views, and not his own.

We will now examine in another way, and by another light, the question—Can general blood-letting prevent or arrest inflammation?

Let any one insert a thorn into the flesh of his leg, and leave it there: will any amount of venesection, short of destroying vitality, prevent the inflammation to be set up around it? or, the inflammation being established, will any amount of bleeding arrest it? Is there any way known among men of accomplishing either of these purposes, but by removing the thorn? These queries will all receive spontaneous negative answers from every one who has the necessary knowledge to entitle him to respond.

But the thorn remaining, the steps succeeding inflammation will be suppuration around the thorn, until it is loosened and cast off with the discharge, after which the process of repair will be carried on until the part is restored to a normal condition.

Here the thorn has invaded the domain of nutrition, and her action has been modified to eject the intruder and repair the damage, by a series of events which commence with the contraction of the vessels, and end only in the distant future with the changes effected in the cicatrix. Conventionally, we call the first part of this process diseased action, and the latter part of it normal action; but no one is able to point out where the one ends or the other begins. The whole is but an altered phase of natural nutrition; the same power directs in each case, and the same implements are used, though the additional and unusual service to be performed has created such activity, that the whole seems far removed from anything going on in the natural condition. Nevertheless, we will have no difficulty in recognizing the relation of the two parts of the operation, if we fall back for illustration to still less complicated cases; as, for example, where a certain amount of friction upon the hod-carrier's shoulder will produce a thickening of the tissues, — the result of increased nutrition, while a little more friction will increase the action, and it will be inflammation. "When we see such gradual transitions from the normal process of nutrition to the disease of inflammation, that we can not draw a definition-line between them, we may be sure that the main laws of physiology are the laws alike of the disease and the healthy process — that the same forces are engaged in both — and that, though interfered with by the conditions of the disease, they are not supplanted or annulled."—*Paget*. If we are well grounded in these elementary facts, so well that we do not lose sight of them when we come to study inflammation in internal organs, or where the perturbation in the system at large is well calculated to distract the attention from the nature of the local cause, we shall very much facilitate our investigation into the position bleeding should occupy in the treatment of these aberrations of nutrition.

Before we proceed, there is one other point in the supposed case of a thorn in the flesh that we must consider. Only a certain amount of the surrounding tissues would be involved in the in-



flammation, but in this simple case we are impelled to the conclusion that the law which sets up the inflammation, limits it to the extent necessary to effect the purpose for which it was instituted. Any other view would involve the necessity of regarding the thorn as capable of exciting in the blood, or other tissue, a disease having the power of propagating itself. This would be absurd, because, in the first place, if once generated, there would be nothing to limit it but the periphery of the body or the extinction of life; and, secondly, it is contrary to all experience.

From all this it follows that a thorn inserted into the flesh of the leg will excite inflammation; that this inflammation will continue until the thorn is removed; and that the inflammation thus excited is limited in extent by the laws which originate it. And it follows as a corollary that bleeding, being incapable of removing the thorn, can, at least, be of no benefit.

All simple, non-specific, external inflammations in like tissues, are but amplifications or contractions of this. No argument is required to sustain this proposition—it is self-evident.

Other tissues open to observation, subjected to the same violence, are the seat of the same alterations, but modified to a certain extent by the natural function of the tissue. Thus, if a mucous membrane be wounded by a thorn, before either redness, swelling, etc., would be manifested, there would be an increased amount of its normal secretion. With this modification, the inflammatory process in it would be the same as that which has just been described in the leg.

We can not see internal organs, and on the authority of the sense of vision declare that inflammation in them is the same in process and termination as it is where it is visible; but both the objective and subjective symptoms in the living, and the morbid anatomy in the dead, assure us that the process is the same in both situations, is subject to the same conditions and governed by the same laws. Reasoning from the seen to the unseen, and from the simple to the complicated, we illatively arrive at the conclusion that an internal inflammation is proportioned to the immediate exciting cause; that it will continue until the cause is removed; and that when the cause is removed, repair will take place to such degree of perfection as the nature of the organ and the amount of damage will admit.

It is no prejudice to this argument that we are not acquainted with all the causes of internal inflammation, or that we do not understand the method of operation of those we do recognise. Whatever the cause may be, the extent of it will determine the amount of the inflammation, and the persistence of its action will measure the time of its continuance.

General bleeding reduces the absolute quantity of blood in the system, whatever may be its condition; but as mere quantity of circulating fluid is never a cause of internal inflammation, it follows, logically, that bleeding can never prevent or arrest it.

From these premises we deduce, clearly, the important fact that inflammation, as a local disease, can not be benefitted by general bleeding.

Inflammation under certain conditions begets in the system a reactionary state called inflammatory fever, and the question arises whether this state can not be abated or controlled by bleeding. It is not intended by this to inquire whether bleeding will soften the pulse and produce a sense of prostration, but whether the system can be so altered by it as really to have advanced toward recovery.

The affirmative of this proposition has been so long the acknowledged doctrine of the medical world, that to doubt it, or even to regard it as an open question, seems like striking at one of the most conspicuous land-marks that guided the practitioner along the highway of therapeutics.

But "medical science, and, based upon this, medical art, are progressive," not dependent upon ancient opinion or modern theory for guidance in this particular, any further than they are found in unison with the revelations of advancing pathological knowledge, and a larger and more truthful therapeutical experience.

In the study of this branch of our subject we have not so clear a path to travel as in the preceding, but we are not altogether without light for our guidance.

As the fever is caused by the local inflammation, and abates when that cause ceases, we might infer, with much truth, that it could not be remedied while the cause continued; and that, as it has been already shown that bleeding can not remove the cause, it follows that it can not amend the fever. This argument has its force, but it is proposed to examine the question another way.

An inquiry into the circumstances under which inflammation is least manageable and most fatal, discloses the fact that both these conditions attain their maximum in the aged and infirm — the debilitated, from disease or otherwise — and in that state known as *adynamia*, whether it arises from an inherent cachexia of the patient, or is dependent upon some unknown atmospheric or telluric influences, such as seem to be active in most epidemics.

Now these are the cases which, other things being equal, present the minimum of fever ; and these are the cases also, which, by common consent, are exempted from general bleeding in their treatment, because experience has constantly and amply shown that they will not bear it with impunity.

It follows, then, that the inflammatory fever runs highest in the middle-aged, the robust, the previously healthy, and when no extrinsic depressing agencies are at work ; and it also equally follows that these are precisely the conditions under which patients are most likely to recover with any given treatment, or without any treatment whatever. We must, therefore, seek further for a solution to the problem.

Paget demonstrates to us that inflammation is a lessening of vital action, a lowering of the normal nutrition in the part affected, and says, " This is but the beginning of the history ; but if the inflammation continues, or increases in severity, all that follows is consistent with this beginning." Now, if Paget successfully shows that in local inflammation the redness, the heat, the swelling and the pain, are but so many evidences of depression of local vitality, and lessened local nutrition (and his facts and his argument are conclusive), by a parity of reasoning it may be as clearly shown that in the inflammatory fever, which is its offspring, the sense of increased heat, the harder and more frequent pulse, the altered functional activity of the viscera, and the changed sensibility of the system are but so many evidences of the depression of general vitality and lessened general nutrition. And it must be so to be consistent with the beginning. And every one will unhesitatingly acknowledge that the two — local inflammation and fever — if sufficiently severe and long continued, will exhaust the system until its debility is incompatible with the continuance of life ; which would be an end consistent with the beginning.

Now the purpose and effect of general bleeding is to reduce

vital action and lessen nutrition, but as the inflammatory fever is the evidence of an already existing depression in vital action and lessened nutrition, and is the thing to be removed, we can not apply bleeding for this purpose until we are ready to adopt the doctrine that to cure a disease we must amplify its pathology, which would be absurd.

And thus we determine a negative answer to the query, whether bleeding can abate or control inflammatory fever in a manner that tends to a restoration of normality.

It has already been shown that inflammation as a local disease can not be benefitted by general blood-letting. We now arrive at the conclusion that in inflammatory fever it is equally impotent for good, and hence, led by our course and method of study, we are prepared to answer the question, Can general bleeding prevent or arrest inflammation? It can not.

Theory, therefore, in her own pleasant way, steps in and lends the shoulder of science to support the world-wide practice of the abandonment of general bleeding for the purpose of cutting short or arresting inflammation. And this she does, not by soothing us with the assurance that years ago inflammation was a great behemoth, and we did right to jugulate him, while now it has become a caged animal that we must feed and cultivate to its destiny, but by telling us distinctly that it is the same to-day that it ever was, and that now that we have light and see our past errors, we should be true to our manhood and adorn our profession, by being willing on all suitable occasions to acknowledge that we were once in the dark, and honestly did wrong because of that darkness.

Summary of the points made in the preceding pages :

1. A revolution in the treatment of inflammation has taken place within the last twenty years.
2. This consists in an abatement, amounting almost to an abandonment, of general bleeding.
3. The revolution was initiated by the experience physicians obtained through witnessing the practice of charlatans.
4. The change in practice is not justified by any change in the type of inflammation.
5. It is justified by our more perfect knowledge of pathology and therapeutics.

6. Prof. Bennett's five propositions in behalf of the non-bleeding treatment of inflammation remain unanswered.

7. Prof. Lawson's attempted refutation of them was unsuccessful.

8. The scientific definition of inflammation includes exudation as an essential part of it.

9. Statistics, so far as they warrant a conclusion, sustain the view that the non-bleeding treatment of pneumonia is best.

10. Inflammation as a local disease can not be benefitted by general bleeding.

11. Neither can general bleeding prevent or arrest inflammatory fever.

12. Theory and practice now go hand in hand in declaring the propriety of the abandonment of general bleeding with the view of cutting short or arresting inflammation.

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**ART. II.—*Fissure of the Anus.* By T. B. Cox, M.D., Kirklin, Indiana.**

I beg leave to present through your journal a brief synopsis of two cases of fissure of the anus, treated by me some years since: one affecting a gentleman thirty years of age, and exhibiting nothing extraordinary in its character; the other patient was about thirty-five, and presented a fissure of unusual length, extending about one inch and a half into the anus. Each case was accompanied by an external pile; and the latter, being one of long standing, and attended with the most excruciating pain, had, as a natural consequence, reduced the patient very much, and his sufferings after stool had become almost intolerable.

I began the treatment with opiates and tonics, to allay nervous irritability and build up the wasted energies of the system; also, applying locally numerous soothing ointments—all, however, to no purpose further than temporary relief. Subsequently caustic and various astringent applications were tried. Collodion was also resorted to, but with no better result; and some four weeks having elapsed since I took charge of the case, all hopes of success short of an operation were abandoned, and finding the one recommended by the older surgeons to be rather formidable to an

ordinary practitioner, I resorted to Prof. Symes' mode, which consists in placing the patient in the proper position for lithotomy, and introducing a sharp-pointed curved bistoury at the margin of the anus under the gut, extending it as far internally as the fissure, at the same time inserting the fore-finger of the left hand in the anus, to ascertain exactly how far to introduce the bistoury, bringing the point of the instrument and finger in contact, withdrawing both together, thereby dividing the gut; after which a small roll of lint was introduced. This operation effected a speedy and permanent cure in both cases, without subsequent treatment. I would state, however, that I found the operation much facilitated by the use of chloroform.

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ART. III.—*Aquatic Tumor of the Labia.* By A. L. UNDERWOOD, M.D., St. Paul, Ind.

Sanguineous tumors of the labia or thrombus are described by nearly all the modern writers on obstetrics and diseases of women. The first British writer on this subject is supposed to be Dr. Mo-Brid, of Dublin; he very accurately described the appearance and cause of these tumors in 1776. Since that time Meriman, Dewees, Denman, Hamilton, Campbell, Velpeau, and other writers, have more elaborately noticed the same thing. From what we learn by the description by authors, but one opinion with regard to its nature and cause obtains. But can an aqueous tumor, which develops itself in the same locality immediately after parturition, be as easily accounted for as sanguineous tumors? when we consider that the greater labia is interspersed with numerous small blood-vessels so interlaced and matted together as to constitute the larger portion of its formation, it is reasonable to suppose that blows, falls, excessive coition or the pressure caused by the passage of the child's head in parturition, might rupture some of them, and which would necessarily produce a sanguineous tumor; but what vessels are there that pressure or blows might rupture, and the result be an aquatic tumor?

December 4th, I was called to attend Mrs. M——, aged twenty-two, of a nervo-sanguineous temperament, general good health, and as near as can be ascertained, entirely clear of any organic lesion or hereditary taint, in her second accouchement, which was

natural, and resulted in the birth of a fine female child, and a clear expulsion of the placenta, in two hours after my arrival.

Eighteen hours after, I was summoned to see my patient again. Found her laboring under great pain: pulse 115, respiration hurried, countenance flushed, and limbs drawn up and spread wide apart, and complaining of a burning pain in the genital organs. On examination, found a large tumor involving the right labia and perineum, quite as large as the child's head she had recently given birth. Without hesitation, and as soon as the precautionary steps were taken, with an abscess lancet I made an incision about an inch deep, and withdrew the instrument without enlarging the puncture. There followed a jet of semi-transparent fluid, entirely clear of sanguineous matter, and the tumor disappeared in twenty minutes, to the entire relief of my patient, and some surprise to your obedient servant. What is the rationale of this aquatic accumulation?

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### Translations from the French.

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*Urinary Calculi.* Translated from the *Gazette des Hôpitaux*, by C. T. SIMPSON, M.D., Cincinnati.

M. J. CLOQUET communicated to the Academy of Sciences the two following observations:

*Observation 1st.* — Urinary calculus in a new-born child.

The observation of this pathological condition, which has been communicated to me by Dr. Burdel, physician in chief to the Hospital of Vurzon, appears to me should be of interest to the Academy, on more than one account. Cases of this kind are very rare, though the Academy possesses some examples, to which these are now added. Dr. Burdel extracted this calculus from the urethra of an infant five months old. The foreign body came from the bladder, and being too voluminous to be expelled, it became arrested in the inferior portion of the canal. Arriving there, it gradually became augmented in volume, dilating the part of the urethra where it became engaged; the parents having observed that, a short time after its birth, the infant urinated very

rarely, that it cried much, was inconsolable, and that sometimes it remained thirty or forty hours without passing urine ; also, that the bladder became enormously dilated and passed beyond the level of the umbilicus. When the child was presented to Dr. Burdel, the urine escaped drop by drop only, and was very acid. The bladder projected considerably over the pubis. The stone, as it was felt with the finger, formed a nodosity in the course of the canal ; a simple incision sufficing for its seizure and extraction. After its extraction, the wound was closed by a *serre-fine*, and became completely cicatrized by the fourth day.

I have examined the calculus, which was sent to me with the above report by my honorable *confrère*. It is regularly elongated and rounded, thicker at one, than the other of its extremities, weighs forty-eight centigrammes ( nearly seven grains ), and is of a greenish-gray color. Its surface, rough and unequal, is covered with little papillary projections, which led me, at first sight, to recognize it as a mural calculus, composed of oxalate of lime, though certain uric acid calculi present the same mammillated appearance ; but these last are less rough, and softer to the touch than those formed by that calcareous salt. My opinion, in this regard, has been confirmed by the analysis that our *confrère*, M. Fromy, has had the kindness to make of that urinary concretion. The calculus, writes M. Fromy, is formed principally of the oxalate of lime, containing only traces of phosphate of lime and an azotic organic compound of an albuminous nature. It contains neither uric acid nor ammonio-phosphate of magnesia. It is to be regretted that they had not analyzed the urine of the infant, the extreme acidity of which they alone make mention.

*Observation 2d.* — Two voluminous urinary calculi found in the bladder of a wild boar.

The two urinary calculi which I present to the Academy, were found in the bladder of a young wild boar, by one of our correspondents, M. Chevandier, of Ciry ( Meurthe ), who sent them to M. Isidore-Geoffroy Saint Hilaire, who had proposed to me to examine them and present a report to the Academy on the part of its correspondent at Ciry. The following were the facts which they furnish me :

The boar was two and a half years old, was very fat, and did not appear to feel, in the chase, the disease with which he was



attacked. This was, in the knowledge of M. Chevandier and all the neighboring hunters, the first example of a similar affection in the wild boar.

The calculi in question weigh, the one about nine grains, the other about eight and a half grains; they are both of a yellowish-fallow color, bordering on to brown. Their weight appeared considerable in relation to their volume.

The largest of these calculi is triangular, and each of the three faces which limit the obtuse angles are slightly convex, and remarkably polished, like ivory. The second calculus, a little less in size than the preceding, is less regular in form, although it also presents three polished faces, one larger than the two others, and which, instead of being convex, as those in the other concretion, are concave, and adapt themselves to each other, after the manner that one sees in the contiguous surfaces of bones, in many of the diarthrodial articulations. The flattening of the facets, at points of contact, in multiple calculi, does not depend only on the friction that these solid bodies experience, the one against the other, by the movements of the body and those contractions of the bladder that they themselves cause; as is very generally admitted, it is much more the result of the difficulty experienced in crystallization, by the incrustation of urinary salts on the parts subjacent to the concretion, in the manner that I have demonstrated in a *Mémoire sur les Calculs Urinaires*, to which the Academy awarded the prize in 1822.

The crystallization of the salts of the urine is only *slower* at the points of contact, in multiple calculi, than on their free parts, which are constantly bathed in the liquid where the salts are in solution. The section of one of these calculi, made perpendicularly to the surfaces of contact, proves the truth of the mode of growth or increase that I have indicated for the layers or strata of calculi with contiguous facets. In effect, instead of being worn away, cut, or broken off, as would be the case if the facets were due to friction alone, the subjacent concentric layers exist in the same number all around the central nucleus, only they are infinitely thinner, on a level with the faces of contact of which they give the direction, while their thickness and curvature become the more marked as they approach the angles or parts which are exempt from contact and pressure from another calculus.

The centre of the calculus is occupied by an oblong nucleus, formed of mixed crystals, irregularly agglomerated, of a yellowish-brown color, alternating with a pale or dark yellow. They observe, that in their formation around the central nucleus, the layers take the disposition that they preserve, in a measure, as the calculus becomes augmented in volume. According to M. Fremy, who has made an analysis of these calculi, they contain—

Ammonio-phosphate of magnesia, about 13 grs.

Tribasic phosphate of lime, . . . 2-7ths,

Azotic organic matter, . . . 4-7ths.

The large quantity of ammonio-phosphate of magnesia found in these calculi of a wild boar, seems to give interest to the analysis made of them.

### Correspondence.

Boston, Mass., March 7th, 1860.

**Messrs. Editors:**—The annual Commencement of the Massachusetts Medical College, in North Grove street, took place to-day at 11 o'clock. There was quite a large number of physicians and others to witness the exercises. The President of Harvard University, C. C. Felton, presided, it being his first public appearance since his recent elevation to that office.

After a prayer by Rev. Dr. Huntington, dissertations were read upon the following subjects, by six of the graduates: Vaccination, Microscopic Anatomy of the Spinal Cord in some of the higher Vertebrates, Reparation of Injuries, Scarlatina, Pneumonia, and Hysteria. The theses were very creditable productions, and the authors evinced an acquaintance with the latest facts extant, upon the subjects treated, as well as some practical researches of their own. President Felton, in conferring the degrees, briefly addressed the graduates, Faculty and Overseers of the College, in Latin; after which, Prof. E. H. Clarke closed the exercises with a practical and interesting address to the new-made doctors. His subject was the *Diploma or Degree*. After speaking of the facility with which diplomas may be obtained from the great number of irregular schools, and often of their worthlessness, and of the fre-

quent assumption of M.D. by the charlatan, he counseled the young men to look upon the diploma as a *reality*; as something of *value*, of *worth*, and *meaning*; that it had symbolical relations; that it was their insignia, around which many pleasing thoughts would cluster; their *flag*, *never* to be dishonored; that it would give position, and inspire the confidence of the most intelligent of the community; that it conferred privileges, and imposed restraints; that it denoted the starting point, or the possession of the minimum amount of knowledge, compared to the vast array of facts to be learned and developed; that he who desecrates the true platform of medical science should be branded as a traitor; that each one should cultivate friendship, and not strive to injure his brother; and that *courage* should be possessed by all, to enable each one to do his duty and fulfil his obligations, although life itself may be periled. Such are some of the thoughts dwelt upon by the lecturer.

The graduating class numbered thirty-nine.

From the reports of the Massachusetts General Hospital, and of the McLean Asylum for the Insane, at Somerville, for 1859, I have gleaned some facts of interest. The property of the corporation (exclusive of hospital buildings) amounts to \$258,558 67—nearly all of which produces an income. The expenses of the Hospital for the year amounted to \$89,310 72; of the Asylum, \$59,478 92. The income of both was \$94,076 47, leaving a balance of expenditures over receipts of \$4,713 17. The income from free beds was \$1,000 more than the previous year, although less than it was in former years. The cost of 934 free patients was \$31,910 67. The income appropriated specially to this purpose, including subscriptions, was \$14,816 06. During the year there were admitted to the Hospital 1240 patients—776 males and 464 females. Of this number 653 were discharged well, 128 much relieved, 152 relieved, 54 not relieved, 141 died. 212 were admitted on account of accidents. The weekly expense of each patient, including repairs, was \$5 75½; excluding repairs, \$5 33. There was an excess of 225 patients admitted over the year 1858, and a larger number than any previous year. The total number of outdoor patients under treatment was 3,523, of which 1,104 were surgical and 2,419 medical, being an increase of 1,300 from 1858. Of the whole number admitted, 257 paid board, and 49 board half

of the time, the remainder were free. There were 154 patients remaining in the Hospital January 1, 1860. Of the number of patients remaining on account of accidents, many were fatally injured, and received in a dying condition. 168 applicants were refused admission. Of these, more than one-half were natives of Ireland, one-fourth of this State, and one-tenth of this city. Those rejected were chronic cases, incurable, or of a contagious nature. Of the female patients, 233 were domestics, and 65 seamstresses.

The Resident Physician's report says :

"A by no means inconsiderable good is afforded by the Hospital, in loaning to people out of the house surgical apparatus, fracture-beds, and other articles, which can not be obtained elsewhere, without great cost and delay, if at all. Many people will attest their indebtedness in this way to the Hospital during the past year."

The Trustees acknowledge several donations for both the Hospital and Asylum.

The report of the Superintendent of the Asylum shows that there were in the establishment, at the commencement of the year, 186 patients ; admitted during the year 131, males 73, females 58 ; discharged, 142 (75 males, 67 females), of whom 61 had recovered, 23 much improved, 13 improved, 17 not improved ; 28 died, 14 males and 14 females ; 175 (males 85, females 90,) remained at the end of the year under treatment. Average cost of each patient, \$6 16½ per week.

At the Female Medical College, last week, three "crinoline" M.D.'s were added to the list of curable agents. I understand that a rival school has come into existence.

The Sanitary Convention, to be held here this spring, promises to be an interesting occasion. Much will be done to give the delegates a hospitable reception, and to make the reunion agreeable in all of its features.

A large delegation from the city and country anticipate attending the National Medical Convention at New Haven.

Small-pox is still epidemic, but is on the decline, from the active measures taken to re-vaccinate.

Of the ninety-five deaths in this city, for the week ending March 3d, eighteen were from consumption. This month and next will be largely fatal to phthisical patients, in this climate.

Three deaths were reported to-day in the town of Westford, resulting from vaccination, and many children reported dangerously sick from the same cause. I give the report for what it is worth. I hope to obtain the facts from some physician of the place.

B.

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NEEDLESS MYSTERY.—TO DRUGGISTS AND APOTHECARIES.

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The *Philadelphia Gazette*, referring to a case of accidental poisoning which occurred in that city, speaks as follows touching the medical nomenclature of the present day :

“ From the circumstances of this case we can come to but one conclusion—that the foolish mystery thrown around their art, alike by the apothecary and physician, should be at once abrogated. For the christening of drugs in ‘dog-Latin’ there is not a particle of reason, excepting that a practitioner is thus sometimes enabled to administer simpler instead of active medicines, to whimsical people who imagine themselves to be ailing, when they suffer only from imagination or nervousness. If a physician prescribe quinine, let him write quinine instead of *sulphas quiniae*, as is the usual custom. Common salt is just as saline under the name of salt as under that of *urias sodæ* or *muriate of soda*. Epsom salts will have an effect quite as salutary when sold by that name as when mysteriously labeled *sulphas sodæ* or *sulphate of soda*. A physician calls at your house, feels your pulse, and with an air of profundity writes thus :

“ R̄ Mit. chlor. hydrarg.,  
Jalapæ pulv., aa grs. x.

“ Patient sends to the drug-store, when he finds mit. chlor. hydrarg. to be an abbreviation of mite chloridum hydrargyri—in other words, mild chloride of mercury—simply calomel; jalapæ pulv. is, of course, powdered jalap, and the entire rigmarole is simply expressed: Ten grains each of calomel and jalap. If physicians were to abandon this mysterious method of dispensing medicines, and if apothecaries called things by their proper names, the community would soon become familiar with the character of medicines, and such occurrences as that of last Wednesday would be averted.

"Paragoric need not be called 'tinct. camp. et opii,' any more than flour need be labeled 'pulvis hordei;' and we doubt not that the public would quite as willingly pay the present prices charged for medicines, when called by their right names, as when covered with cabalistic inscriptions.

"We believe the 'dog-Latin' part of the druggist's business to be an intense humbug, and of about the same use as the botanical names conferred upon plants by quack nurserymen. The utility of the latter we have seen tested by a gentleman who fabricated a lot of names for plants, sent an order for them to a Long Island nurseryman, and in due time received the plants and the bill, made out precisely as though the bogus names were to the nurseryman so many household words.

"When we remember that a goodly portion of the apprentice's time is spent simply in acquiring a knowledge of these mongrel Latin names for medicines, aside from the science of chemistry, to which alone most of them belong, we think it will be everywhere conceded that the system of using them should be abolished. Why can not our medical friends resolve to write their prescriptions in plain English? And why, also, can not our druggists call 'salts' salts, and 'turpentine' turpentine? Are these terms more dangerous than muriate of sodium, or oleum terebinthinæ? Let the trial be made by both physician and druggist, and see if its results prove otherwise than satisfactory."

There it is, such as it is; but the writer thereof is either unacquainted with his subject, or a quack—and in either case ought to have held his peace. But since he is so free with his suggestions, I would like to ask him if a case of accidental poisoning (*which is too often the result of sheer carelessness*) is more to be guarded against than the hundreds of cases annually of suicidal and criminal poisoning, instances of which we see in every paper we chance to pick up. So far as I can see, the plan he proposes would prove a total failure, since all the most fearfully poisonous drugs are unfortunately already too well known by their "plain English names." Otherwise the young lady (Miss Rice) who committed suicide last spring in your city by taking strychnine, while laboring under a temporary aberration of mind, might have been at this time a comfort to her aged mother. Summons and Arrison might not now be suffering the penalty of their crimes,

if strychnine, arsenic, and fulminating-powder were not almost as familiar names as gunpowder.

These are not by any means isolated cases. But to return to the question. "A practitioner is thus sometimes enabled to administer simpler instead of active medicines." Well, suppose he can; is it not equally applicable in other matters? Can he not also give active remedies if necessary, and that, too, without the patient's knowledge? We have seen a number of cases, in which this course was pursued with satisfaction to both patient and physician. A friend of mine had suffered from repeated attacks of intermittent fever, which finally yielded to arsenic; this patient had promised to flog the doctor that should be so regardless of personal safety as to prescribe arsenic for him; yet he did take it, in another form, and he now enjoys good health. As we are not very familiar with "dog-Latin," we can not say whether it or the arsenic effected the cure. Again, he says, "If a physician prescribe quinine, let him write quinine instead of sulphas quinæ" (it should be quinæ sulphas). Well, that might be very convenient for both physician and druggist; but suppose the rule is applied to morphine, or morphia: how would the druggist know which of the morphinæ salts was required? The rule would, in fact, give the same facility for imposition to the druggist that enabled the grocer to furnish all the different varieties of green and black teas from the same box; and the druggist's customers are no better calculated to detect the fraud than were the grocer's.

But, as the writer appears to be an able translator of his original "dog-Latin" into plain English, though he is quite unacquainted with the proper Latin names of medicines, we will not attempt to show him all his faults, but pass on to those relating to the chemist. He says, "We believe the 'dog-Latin' part of the druggist's business to be an intense humbug." We don't, but we do believe that the physician, druggist, and chemist, each and all, have a right to use Latin terms for everything pertaining to their professional business; and the more Latin used the better: for then none but educated men could engage in either calling, provided that each party is as well acquainted with the trade marks of the other as good physicians and chemists ought to be: in that case there need be no alarm for the safety of human life. Will the writer please tell us why medical men should abandon

this (to him) mysterious method of dispensing medicines? and why apothecaries should call things by such names that the community might become familiar with the character of medicines? It would seem to us the community know too much about them already for their own welfare. All trades have their own peculiar terms, and let professions have theirs. What can a sailor do in a printing-office, or a printer on ship-board? Why, either one would know as little of the names of things used by the other as the Patagonian knows of the Shoshonee's language.

Again, he says, "When we remember that a goodly portion of the apprentice's time is spent simply in acquiring a knowledge of these mongrel Latin names for medicines, aside from the science of chemistry," etc. Well, if the aspirant for professional honors faithfully performs his duty, he will find the task a very pleasant one; and the time devoted to learning technicalities is far less injurious to his health, morals, and pocket, than visiting some places where a different language is used, that is neither plain English, mongrel nor "dog-Latin."

The subject of these remarks appeared in the *Cincinnati Daily Commercial* of December 5th, 1859, and is credited to the paper as stated at the beginning of this article. I fear that I have not done the subject justice, but it is aimed at in a fashion that will perhaps induce medical men and others to view it in a rational manner, and be productive of some good in the end.

I am respectfully yours,

D. H. BADGELEY.

CUMMINSVILLE, O., February, 1860.

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### Reviews and Notices.

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A MEDICO-LEGAL TREATISE ON MALPRACTICE AND MEDICAL EVIDENCE: Comprising the Elements of Medical Jurisprudence. By JOHN J. ELWELL, M.D., member of the Cleveland Bar. "A doctor who knows nothing of law, and a lawyer who knows nothing of medicine, are deficient in essential requisites of their profession."—*David Paul Brown*. New York: John S. Voorhees, No. 20 Nassau street. 1860.

This is a fine volume of five hundred and eighty-eight pages, put up in fine law-binding. The author brings to his work the benefit of a good medical education, and the experience of several years as a reputable medical practitioner. In addition to this, he



occupies a high position in his present profession — the law. The book is divided into forty-two chapters, with the following headings: Chapter 1, General principles of law applicable to medical men; Chapter 2, The inherent elementary difficulties of medicine and surgery; Chapter 3, What definite knowledge is possible and essential for the surgeon; Chapter 4, Malpractice for amputation; Chapter 5, Malpractice in fractures and dislocations; Chapter 6, A digest of Prof. F. H. Hamilton's reports of cases of deformities after fractures; Chapter 7, Malpractice in dislocation; Chapter 8, English and American adjudicated cases; Chapter 9, American adjudicated cases continued; Chapter 10, Alleged malpractice in ophthalmic medicine and surgery; Chapter 11, Malpractice in dressing incised wounds — deposition of Profs. Hamilton and Flint, of Buffalo; Chapter 12, Druggists — their responsibilities; leading adjudicated cases; Chapter 13, Criminal malpractice — English adjudicated cases; Chapter 14, Criminal malpractice — English adjudicated cases, continued. Chapter 15, Criminal malpractice — American adjudicated cases, continued; Chapter 16, Abortion — Fœticide; Chapter 17, Evidence in general — circumstantial evidence; Chapter 18, Experts — professional opinions; Chapter 19, History of medical evidence; Chapter 20, The importance of medical evidence; Chapter 21, Duties and responsibilities of medical witnesses; Chapter 22, Privileged communications; Chapter 23, Medical books as evidence; Chapter 24, Insanity — knowledge on the subject limited; Chapter 25, The position of the courts upon insanity; Chapter 26, Insanity — the medical witness — the courts; Chapter 27, Insanity in its legal relations; Chapter 28, Partial Insanity — delusion; Chapter 29, Moral Insanity — the Huntingdon case; Chapter 30, Opinions of laymen, as evidence upon alleged insanity; Chapter 31, What mental incapacity invalidates a will; Chapter 32, Poisons — general principles and observations; Chapter 33, Arsenic — fatal dose; post mortem examinations; Chapter 34, Taylor's analysis of arsenic; Chapter 35, Leading adjudicated cases in arsenical poisoning; Chapter 36, Poisoning by strychnia — adjudicated cases; Chapter 37, Testimony of Curling, Todd, Brodie, Christison, etc., in the Palmer case; Chapter 38, Leading adjudicated cases in poisoning by strychnia; Chapter 39, Infanticide — adjudicated cases; Chapter 40, Wounds — effects of

wounds in producing death; Chapter 41, Rape — adjudicated cases; Chapter 42, Coroner's office and inquests.

Our readers will be able to form a very good opinion of this book, from the headings of the various chapters. The author has appreciated the difficulties which both physicians and lawyers labor under in suits for malpractice. His book is an exceedingly valuable one to both professions. While he seems to be a fine jurist, he at the same time gives evidence of having mastered the profession of medicine. For the latter he entertains the profoundest respect, and writes in strong terms of its members, and their value to society and justice. We should be glad to make quotations from several chapters, but space forbids us.

The chapters on medical evidence are especially worthy of notice. The position of a medical man as an *expert* before a court is one of great honor and distinction. Too often, however, for the reputation of our profession, the place is occupied by men wholly ignorant of medical science, and totally disqualified to enlighten the court or jury. Our author says, "No man should presume to come upon the stand to enlighten a court in a difficult case, unless he is able to do so. Such an one, though called, and full of confidence, will go off with credit only by frankly admitting that he can not throw light upon the subject. He then has the reputation of being an honest man, which he is not if he will pretend to palm off his ignorance upon a court and jury."

The author is a clear writer. We recommend the book to all of our readers. It will not take the place of Beck, Wharton, and Stillé, or Taylor, on medical jurisprudence, but supplies a large amount of knowledge on malpractice and medical evidence not to be found in any other work.

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A MONOGRAPH UPON ACONITE: Its Therapeutic and Physiological Effects, together with its Uses, etc. Translated from the German of Dr. Reil. By HENRY B. MILLARD, A.M., M.D. New York: William Radde.

The volume before us is placed upon our table by the translator. It is a monograph of 166 octavo pages, and it received the prize of five hundred francs offered by Dr. Roth, of Paris, for the best essay on the physiological and therapeutic action of aconite. It is but just to say that the prize was offered by a homœopath, the essay was written by a homœopath, and the award made by homœopathic physicians.

We depart from our usual custom, in regard to homœopathic publications, and notice the work here, because the author has designed and attempted to be impartial.

In Part First, aconite is historically considered. The author has certainly displayed here much industry of research, and the chapter is a very readable one, though leading to no practical results.

In Part Second, aconite is physiologically considered in its effects upon men and animals, in health and disease.

Part Third is devoted to general therapeutic indications. In this department of the work, the opinions of physicians not of the homœopathic school are first considered; and, secondly, the views of homœopathic physicians.

Part Fourth is devoted to the therapeutic employment of aconite. In this part, its employment by physicians not of the homœopathic school is first considered; and, secondly, its employment by homœopaths. From a rather hasty examination of this part, we should think the author had endeavored to give a fair expression of opinion, from all sources, regarding the properties and uses of the medicine under consideration.

Part Fifth is devoted to the literature of the subject, and to supplementary and concluding remarks.

The work is not without interest, and some profitable suggestions can doubtless be derived from it; but the busy practitioner of regular medicine, whose time for reading is somewhat limited, we think his time and money could be more profitably expended, in the purchase and reading of works which he could select from the ample field of truly legitimate medical literature.

The work before us is well printed, and bound in muslin.

O. C. G.

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**THERAPEUTICS AND MATERIA MEDICA:** A systematic treatise on the action and uses of medicinal agents, including their description and history. By ALFRED STILLE, M.D., late Professor of Theory and Practice of Medicine in the Medical Department of Pennsylvania College, etc., etc., etc. Volumes Two. Philadelphia: Blanchard & Lea. 1860.

We have here a large work in two volumes devoted to therapeutics and materia medica. With Pereira, Dunglison, Mitchell, and Wood before us, we may well ask if there was a necessity

for a new book on the subject. After examining this work with some care, we can answer affirmatively. Dr. Wood's book is well adapted for students, while Dr. Stillé's will be more satisfactory to the practitioner, who desires to study the action of medicines. The author needs no encomiums from us, for he is well known as a ripe scholar and a man of the most extensive reading in his profession. This work bears evidence of this fact on every page.

In his preface the author tells us that the book, "intended for those who desire to learn the methods of curing disease, it has seemed not only allowable, but imperative, that in the form of the work scientific unity and precision should be subordinated to practical utility. At the same time it would be unpardonable to leave out of sight those fragments of scientific knowledge which may one day serve to bridge the chasm between theory and practice, and convert the precepts of therapeutics into laws. The strictly scientific portion of the subject embraces the consideration of medicines in their physical, chemical and physiological relations; of these, the first and second are described so fully and accurately in works which rank among medical classics, that it seemed unnecessary to discuss them at length in a treatise whose point of view is rather at the bedside of the sick than in the laboratory or the lecture-room. On the other hand, the action of medicines upon the sound organism of man and of the lower animals forms an indispensable key to their curative operation in disease. The more thoroughly it is known, the more intelligible must the mode become in which medicines bring about the restoration of soundness of structure, and function, and the more will the isolated facts of therapeutics tend to arrange themselves in a systematic form." A very large space is therefore devoted to the physiological action of medicines, and this is one of the advantages which this book possesses. The author seems well acquainted with everything that has been written both at home and abroad on the different important articles of the *materia medica*. He devotes, next to the physiological action, a large amount of space to the therapeutical actions. The book is in this respect very superior. He is not satisfied with giving his own opinions, but also sets before us a judicious appreciation (with bibliographical references) of those of many other persons.

For sale by Rickey, Mallory & Co., at \$8.00.

### Editor's Table.

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*Portrait of Prof. George B. Wood.*—It affords us very sincere pleasure to be able to present our friends with the excellent portrait of Prof. Wood, which accompanies the present number of the *Lancet and Observer*. This is a fitting time to make a compliment of this kind. For nearly forty years Prof. Wood has occupied a position as a teacher of medicine; for a great portion of that time he has made one of the Faculty of the University of Pennsylvania. During the past twenty-five years he has been connected with the Pennsylvania Hospital. While occupying these responsible and honorable positions, Prof. Wood has from time to time been the recipient of complimentary testimonials that clearly show the strong hold he has long occupied in the warm regards of the American medical profession and scientific public. Thus he has at different times been called to preside over the American Medical Association; the American Philosophical Society; the General Convention for Revising the U. S. Pharmacopœia; the Philadelphia College of Physicians, etc., etc. As an author Prof. Wood has occupied an enviable position. His work on Practice has been a standard text-book throughout the Union—and his work on Materia Medica will doubtless take a like rank. Dr. Wood now withdraws from his honorable position as a public teacher, still in the midst of honors and in the prime of his mature intellect. He will retire with the sincere admiration and good will of thousands of ardent friends all over the continent—thousands who will pray for his length of days, happiness, and continued usefulness.

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*Deaths from Vaccination.*—Some vaccinations recently in the vicinity of Boston having terminated fatally, much excitement has prevailed, and considerable newspaper comment, of course, has followed, and some misrepresentation. We glean from the *Boston Medical Journal* the following as the essential facts in the case. It appears that a solution was made by dissolving fresh crusts in water and placed in a vial for use; “from this solution twenty-eight persons were vaccinated on the day it was prepared (February 11), and no bad results followed. On the

18th, one week after, twenty-seven or eight others were vaccinated with the same material. Five of these were seriously affected with constitutional symptoms, followed by violent erysipelas of the whole arm, both external and cellular, and sloughing. Three days later two more persons were vaccinated from the same vial, both of whom have since died.

"It was the opinion of nearly all present at the time of this report, that the cause of these results arose from the decomposition of the animal matter in the solution; and that to this, and not to any inherent peculiarity in the matter, nor to the mode of its application, were to be attributed the unlooked-for and dangerous results which have followed.

"That the symptoms were due to some *change in the matter subsequent to its preparation*, is evident from the fact that those first vaccinated exhibited nothing unusual, while the symptoms of blood poisoning were most marked in those last inoculated with the virus."

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*To Correspondents.*—We must ask the indulgence of contributors. Several articles were placed in the printer's hands for the present number, but were necessarily laid over from the unexpected space occupied by the elaborate and interesting article of Dr. Hibberd, which makes the leading paper this month. Amongst the papers crowded out is a valuable communication from Dr. Kersey, of Indiana, on Diphtherite—this will appear next month. Also, we have received, through the courtesy of M. B. Walker, Esq., and J. C. Reeve, M.D., of Dayton, an interesting report of a trial for rape, in which chloroform is alleged to have been used, and involving some important considerations in medical jurisprudence.

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*Nashville Medical Record.*—This journal announces that at the close of its present volume in August, it will enter upon a new arrangement. The *Record* will give way for a new quarterly of 120 pp., to be known as the *Southern Medical Quarterly*, to be published at \$3.00 per annum, payable on receipt of first number, and to be under the editorial management of Dr. Daniel F. Wright. The Faculty of the Shelby Medical College will also issue a monthly publication in newspaper form, to be called the *Nashville Medical Bulletin and Hospital Gazette*, to be especially

devoted to general medical news, reports of operations and cases in the Shelby Medical College; and, in brief, to be the recognized organ of the Shelby Medical School: the *Quarterly* to be issued from 1st January, 1861, the *Bulletin* from 1st July, 1860.

*Medical College of Ohio.*—This old and distinguished institution closed its fortieth session March 3d. The Commencement exercises were held in the large amphitheatre of the College, in the presence of a large audience of gentlemen and ladies, and medical gentlemen. The Hon. John P. Foote conferred the degree of Doctor of Medicine on the following named gentlemen:

## NAMES.

## THESES.

1. G. Bambach, Jr., Ohio.....Brain and Nervous System, etc.
2. John S. Billings, Ohio.....Surgical Treatment of Epilepsy.
3. Stephen R. Blizzard, Ohio....Typhoid Fever.
4. J. Newton Brown, Ohio.....Tetanus.
5. Wm. B. Cooper, Ind.....Acute Pneumonia.
6. Robert N. Boyle, Ohio.....Pneumonitis.
7. Andrew J. Corey, Ohio.....The Strumous Diathesis.
8. Louis C. Fouts, Ohio.....Podophylline and Leptandria.
9. Wm. B. Gibson, Ohio.....Iodine.
10. T. H. Green, Ohio.....Primary Action of Zymotic Poisons.
11. Charles R. Greenleaf, Ohio...Phosphuria.
12. Wm. S. Hendricks, Ind....Dysmenorrhœa,
13. Augustus Holtge, Ohio.....Nutrition.
14. Samuel V. Jump, Ind.....Milk Sickness.
15. James S. King, Ill. ....The Mind in relation to Organization.
16. C. M. Lindley, Ind.....Typhoid Pneumonia.
17. Aaron J. Longfellow, Ohio....Acute Iritis.
18. Washington F. Mayne, O.....Opium.
19. James F. Mitchell, Ind.....Typhoid Fever.
20. Wm. Muhle, Ohio.....Pericarditis.
21. Jesse I. Paramore, Ohio.....Typhoid Fever.
22. Thomas J. Peale, Ohio.....Vis Medicatrix Naturæ.
23. Samuel D. Richards, Ohio....Scarlatina.
24. David P. Smedley, Ohio.....Hæmatemesis.
25. Benjamin F. Spencer, Ohio....Typhoid Fever.
26. Joseph Steinriede, Ohio.....Carcinoma.
27. David J. Swarts, Ohio.....Perspiration.
28. George M. Telfair, Ohio.....Scarlet Fever.
29. Ebenezer C. Thomas, Va. ....Intermittent Fever.
30. Thomas M. Tucker, Ind. ....Dysentery.
31. Robert Wallace, Ohio.....Intermittent Fever.
32. John L. Wooden, Ind.....Typhoid Fever.

After the delivery of the diplomas, Prof. Graham gave the customary valedictory address, on behalf of the Faculty. It was highly appropriate in matter and manner: the speaker frequently rising to more than usual earnestness and eloquence.

The class numbered 128, and though not as large as the advantages of the school deserve, yet in intelligence and attention to study it gained the good opinion of the Faculty. It is customary to stretch the truth in speaking of the advantages of various medical schools, yet we think and speak within the bounds of truth when we say that the clinical advantages of this city during the past winter were of the very best kind, both in variety and quantity. Indeed, we know from friends who spent a portion of the winter in other cities, that they surpassed those of several.

There is no city in the country which is growing so rapidly as Cincinnati. Our profession and school feel the advantage of this growth in its larger and more interesting clinical advantages. The truth is, no second-class city or inland town can ever approach a large city, like ours, in clinical opportunities. The school which does not present a large field for the study of clinical medicine and surgery, is not by any means a first-class one. Students must see medical and surgical cases in their beds, and must follow them as they are relieved by treatment, and study the ravages of disease, when treatment fails, or they can not become good physicians. We do not, therefore, say too much when we recommend this city to students of medicine.

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*Dr. Ignatius Langer and the Scott Co. Medical Society of Iowa.*—Our readers will remember that we published the proceedings of the above named Society, warning the profession of the country of the fact, that Dr. Langer had been expelled from its membership for unprofessional conduct.

It will be remembered that he was charged with "indecent experiments on a pregnant female, with a view to correct malposition of the foetus, and a violation of the code of ethics."

Some time since we received the 28th January No. of the New York *Medical Press*, containing a communication from Dr. Langer in defence of his course. On reading it, we felt as if the Society had done Dr. L. injustice, but determined to wait to hear from the Society before saying any thing on the merits of the



case. In the February ( 25th ) No. of the *Medical and Surgical Reporter* of Philadelphia, we find a long, able reply to Dr. Langer, in defence of the Scott Co. Medical Society. We should be pleased to publish the defence of Dr. Langer especially, as well as the reply of the committee of the Society, but our crowded pages forbid. The whole point in the case is as follows :

Dr. Langer claims, and brings authority to support him, that he can rectify unnatural presentations or positions of the fœtus in utero, before labor, by manipulations.

The Society does not deny the possibility or propriety of turning or rectifying the position of the fœtus by manipulation, "*at the time of labor*;" " it condemns the practice of requiring females to submit to examinations of their persons, during the period of gestation, for the purpose of making attempts to correct supposed mal-positions of the fœtus, previous to the *commencement of labor*. When the expelled member brings forward authorities in support of the practice of turning by external manipulations, after labor has commenced, and has the characteristic mendacity to affirm that we discredit such authors, and convey the impression that he was expelled for such practice, he is manifestly endeavoring to make a false issue, in order to obtain the sympathy of those who can thus be deceived."

These quotations are from the report made by a committee of the Society. We can not resist the opinion, after a careful reading of the report of the Society, that Dr. Langer has played the quack, and been guilty of indecent conduct and violation of the code of ethics. As we have already said, the reports are too long for our pages. The Scott Co. Society has strong letters from several distinguished professors of obstetrics in the country, supporting its action, and strongly condemning Dr. Langer.

We are strangers, personally, to all the parties interested in this unhappy affair. We published the proceedings of the Society at the time, for the reason that they were sent to us signed and sealed by its proper officers. We have no wish to do injustice to Dr. Langer, but take the liberty, after a careful reading of all the documents, to express the opinion already given. We go farther, and say, that the proceedings of a society, in such cases, are generally to be taken as just and proper; for it is a very difficult matter to get a majority of members to inflict so severe a punishment as expulsion, without good and sufficient cause.

More than all this, the code of ethics should be, and must be enforced and maintained at all hazards, or else the line between legitimate medicine, and the base quack systems, would be blotted out. The character of the true, noble, honest and moral physician, must be encouraged and sustained. Local societies, the best judges—the only competent judges,—must perform this duty for the profession, for it is manifestly out of place for the National Association to do it.

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*Another New Medical Journal*—*San Francisco Medical Press*. We have the first number of a new journal from the Pacific shore. It is styled the *San Francisco Medical Press*, and is edited by our friend Dr. E. S. Cooper, Professor of Anatomy and Surgery in the University of the Pacific. We are much pleased with this initial number—it contains a large amount of original matter of interest, and a careful digest of selections. Its editorial paragraphs have an earnest individuality that is especially refreshing. We wish the *San Francisco Medical Press* length of days and great prosperity. It is issued quarterly, with 64 pages, and the terms \$2.00 per annum.

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*Cincinnati Academy of Medicine*.—The annual meeting of the Academy was held March 5th. The following officers were elected for the ensuing year:

President . . . . .	Dr. J. F. White.
Vice Presidents . . . . .	{ Dr. S. O. Almy,
	{ Dr. S. Bonner.
Recording Secretary . . .	Dr. Wm. H. McReynolds.
Corresponding Secretary .	Dr. A. E. Heighway.
Librarian . . . . .	Dr. J. A. Thacker.

Delegates to the American Medical Association—Drs. Almy, W. H. Mussey, and Wm. Judkins.

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*Hospital Appointments*.—At the close of the session of the Ohio Medical College, a number of gentlemen of the graduating class were applicants for the position of Resident Physicians at the Commercial Hospital and Hotel for Invalids. The following most excellent selections were made:

At the Commercial Hospital—Drs. J. S. Billings, Robert N. Boyle, and Augustus Holtge.

At the St. John's Hotel for Invalids—Drs. J. S. King and C. R. Greenleaf.

*Commencements of Medical Schools.*—Full accounts of many of these have reached us since our last issue, some of them accompanied with interesting exercises.

The Massachusetts Medical College appears to have enjoyed an unusually prosperous session—graduating 32 young gentlemen at its close.

The newly-organized school at Mobile has commenced with fine prospects for success. At its first commencement it graduated 15. The friends of this institution have been to work for it in earnest. We have heretofore noticed the steps taken by the city of Mobile for establishing the college on a firm footing: we observe recently that the State of Alabama has appropriated \$50,000 for its benefit.

The medical department of the University of Nashville had a large class—101 graduates. . . . The *Nashville Monthly Record* announces 75 matriculants and 9 graduates for the second session of Shelby Medical College, just closed.

The medical department of the University of New York had a graduating class of 138. In connection with the exercises of the University various certificates of honor, medals, and prizes were distributed for anatomical preparations, dissections, etc.

The College of Physicians and Surgeons, of New York, had a graduating class of 55.

The Jefferson Medical College, Philadelphia, graduated 170, notwithstanding the famous "stampede."

Our neighbors at Louisville graduated 75—38 at the University, and 37 at the Kentucky School of Medicine.

The commencement of the Cleveland Medical College took place on the 21st of February, with a graduating class of 18. The *Gazette* reports the class as 70.

Thus it will be seen that there has been a goodly accession to the ranks of the profession: let us hope they will prove worthy and well qualified.

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*Dr. N. Bozeman*, who has rivaled Dr. Sims in operating for vesico-vaginal fistulas and the kindred class of disease, has removed to the city of New Orleans, where we learn it is his purpose to establish a Woman's Hospital. We doubt not this will prove a well-advised enterprise, and in so judicious and energetic hands we anticipate for it an abundant success.

*Prof. Horace Green* announces his withdrawal from the New York Medical College, to take effect after the close of the present winter's course of lectures.

*Summer School of Medicine.*—This association for lectures and demonstrations is engaged in its regular course of instruction with a pleasant class. The course was inaugurated with an Introductory Lecture by Dr. White, on Medical Delusions, and the Influence of the Mind on the Body. The address was listened to with pleasure and interest.

*American Medical Monthly and Buffalo Medical Journal consolidated.*—With the close of the present volume of the *N. Y. Review and Buffalo Medical Journal*, which will be with the May issue, it will cease its publication, and become merged in the *American Medical Monthly*—the new journal to be edited by Dr. J. H. Douglas and Prof. A. Flint, Jr.

*United States Marine Hospitals.*—Senator Pugh, of Ohio, has introduced into the United States Senate a resolution of inquiry into the expediency of abolishing the system of marine hospitals at present sustained by the Government. There is a growing sentiment that all the advantages derived from these hospitals could be obtained in other modes at much less cost.—*Louisville Medical Journal*.

*The Appearance of Locusts.*—Dr. Gideon B. Smith, of Baltimore, writes to the *National Intelligencer* that the locusts will appear extensively this year. They will make their appearance in that portion of Pennsylvania bounded by Peters' Mountain on the south, Mahantango Mountains on the north, the Delaware river on the east, and the Susquehanna river on the west.—*Medical and Surgical Reporter*.

*Prof. Brainard*, of the *Chicago Medical Journal*, suggests: "In view of the success of the 'Society of Surgery, of Paris,' the thought naturally occurs: why would not a similar association, composed of hospital surgeons, professors, and others interested in this branch, be advantageous in this country? It might meet—like the physicians of the lunatic asylums—quietly, confine its labors to matters of a purely scientific nature, and be made agreeable as well as useful to its members."

*Married*—In Union Chapel, Tuesday evening, March 13th, by the Rev. Elder Burnett, Dr. J. A. LAIR, of Cynthiana, Ky., and Miss LIDA BICKAM, of this city.

*Books and Pamphlets Received.*—Elwell's Medico-Legal Treatise on Malpractice and Medical Evidence ; Dixon's Guide to the Practical Study of Diseases of the Eye ; Suggestions on Medical Education ; an Introductory Address by Prof. Joseph Jones, of the Medical College of Georgia ; Difficulties and Advantages of Catheterism of the Air Passages in Diseases of the Chest—by Horace Green, M.D., L.L.D. ; Annual Address of Dr. William Lough, President of the Adair County (Mo.) Medical Society.

*The American Medical Association* will hold its thirteenth annual meeting at New Haven, Ct., on the *first Tuesday of June*, 1860. The secretaries of local societies, colleges, and hospitals, are requested to forward the names of delegates, as soon as they are appointed, to  
STEPHEN G. HUBBARD, M.D., Sec'y,  
New Haven, Ct.

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## Editorial Abstracts and Selections.

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### PRACTICAL MEDICINE.

1. *Turpentine in Hæmoptysis.*—There are several well known remedies which justly enjoy a high reputation for arresting attacks of hæmoptysis, and amongst them may be mentioned acetate of lead, gallic acid, and dilute sulphuric acid. These we see commonly employed, and almost invariably with success. From some cause or other, however, they will sometimes fail, and our reliance must be placed upon some other astringent and styptic, which shall have the power of effectually checking this slow form of bleeding from the lungs. The oil of turpentine is, perhaps, one of the best next to those we have mentioned, and when properly administered can be relied upon. We lately observed two cases of hæmoptysis in the Charing-cross Hospital, under Dr. Willshire's care, which continued obstinately persistent, in spite of the free use of acetate of lead firstly, then gallic acid, and thirdly dilute sulphuric acid. One patient was a young man aged twenty-

one year, who has had several recurring attacks of this symptom ; he was admitted on the 28th of November. The hæmorrhage was stopped only when the oil of turpentine was administered in doses of twenty-five drops three times a day in a little syrup and water.

The other patient was a female, at first in the surgical wards under Mr. Hancock's care ; she had had a breast amputated, which was followed by intense congestion of the lungs, with hæmorrhage. She was now transferred to Dr. Willshire's care, and after taking the other remedies in full doses without effect, the turpentine completely controlled the bleeding, and she is gradually improving.

The efficacy of turpentine is well known in hæmorrhages from the urinary passages, and also from the uterus—that is to say, in their passive form ; and as it exerts a specific and peculiar influence upon mucous surfaces generally, we may look for good results in other parts of the body, of which the bronchi are most certainly not the least important.—*London Lancet*, Jan. 14, 1860.

2. *The Physiological Action of Anæsthetics.*—Of course, Mr. President, I (Prof. Dalton, before the N. Y. Pathological Society) have very little experience with regard to the effects of these two agents upon the human subject, although I had the pleasure of witnessing the first operation in which ether was used as an anæsthetic agent. In my own practice, if you may call it such, the patients have been principally animals. I presume, however, that there is very little difference in their mode of operation on animals and on men. When I commenced, I, of course, used ether ; but as ether requires to be given in a very large bulk, I soon found it very inconvenient, and commenced using chloroform in its stead, and found it very much more pleasant for myself, because it was more easily administered to the animals, and I continued to use it for a certain time. Very soon, however, I found that the animals would occasionally die, which I attributed to some imperfection in the mode of administering the agent. I continued the practice, but still the accident referred to would occasionally occur. Not to take up too much time in details, the simple fact is, that at the end of six months from the time I commenced its administration, I abandoned it. Some time afterward I again had occasion to use it ; I gave it, but found that it was followed by the same results. Since that time I have given it up

altogether, and instead of it I have used sulphuric ether. I think I may say, without exaggeration, that I am thoroughly convinced that there is a radical difference in the danger following the administration of these two substances. I am sure that chloroform is more dangerous to animals, at least ; whether it is so in man or not, I do not know.

In order to understand this subject thoroughly, it is necessary that we should endeavor to ascertain the manner in which death results in fatal cases. Death sometimes follows without any evident or traceable cause. It may occur from ether or chloroform by a very careless administration, or from an impurity of the article, provided that the patient breathes nothing but the vapor of the ether or the chloroform. Now in these cases, death is not attributable to the ether or chloroform ; it is simply due to the want of atmospheric air. If you give a man a grain of opium and then stop his mouth and nostrils, he will of course die ; but certainly not from the opium, but from the want of atmospheric air. The same is true of the administration of the chloroform. Therefore the first thing to be attended to, when we wish to prevent a fatal issue from the administration of these substances, is to see that they are given mixed with a sufficient quantity of atmospheric air, and then one cause of death would be excluded.

Sometimes, however, even with all our precaution, we find the respiration and the heart stopping suddenly and the patient dead. It is an interesting question to know whether or not death is produced by the *stoppage of respiration* or *of the heart*. My own belief is, that in the case of chloroform death is produced by paralysis of the heart. My reasons for this view are two-fold.

In the first place, if you moderately etherize or chloroformize an animal carrying it carefully just up to the point of insensibility, and then open the walls of the chest as quickly as possible, the lungs will of course collapse, and respiration be at an end, but the heart will continue to beat for a considerable length of time. If, on the other hand, you etherize or chloroformize an animal until respiration is stopped, and then open the chest, you will find the heart still beating, but very feebly. I have several times performed the following experiments, namely : to etherize an animal moderately, but enough to deprive it of all sensibility, then immediately the chest was opened and the animal laid aside ;

another animal was then etherized until death was produced, and on immediately opening the chest the heart was found still, while in the first animal it was yet beating. So far as this goes, it tends to show with a great deal of conclusiveness, that the fatal result is produced by a paralysis of the heart.

In experimenting thus with animals, I have had occasion to notice very frequently, when anæsthesia is carried only to the stoppage of respiration, that the animals usually recover, and expect with confidence that respiration will begin again; but if, on noticing that the respiration is stopped, I find the heart itself still, I know that the animal is dead, although I have noticed, after the circulation is at an end, that it is sometimes reestablished in a certain manner which is entirely characteristic, and being once seen, is very readily recognized. This is, however, entirely unavailing; the animal never recovers.

In my own experience, then, fatal results have followed both ether and chloroform. I have killed dogs and cats with ether and chloroform, but I am obliged to take a great deal of pains to produce this result with ether, whereas death often follows the use of chloroform, notwithstanding the best precautions. It has been said, that when death occurs from the administration of chloroform in the human subject, that it is attributable to giving it too rapidly or too abundantly; but while there are undoubtedly many cases in which injurious results follow from the non-admission of a sufficient amount of air, still I am of the opinion that the injurious or fatal results can not be always attributed to that cause, for the reason that these accidents have occurred in the practice of our best and most careful surgeons, who invariably exhibit this remedy with the utmost caution, and yet, when everything appears to be going on well, the patient suddenly dies. So far, we know of no precaution which will prevent the occasional occurrence of this accident.

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#### S U R G I C A L.

3. *Sulphuric Ether Substituted for Chloroform at Lyons.*—At Lyons, the second city in France, sulphuric ether has almost universally superseded chloroform, both in hospital and private practice; and as the result of a recent discussion at the Medical Society of that town, the following resolutions were passed unani-



mously : "1. Sulphuric ether, employed as an anæsthetic, is less dangerous than chloroform, no accident, indeed, having followed its exclusive and abundant employment at Lyons during eight years. 2. Anæsthesia may be as constantly and as completely induced by it as by chloroform. 3. If ether gives rise to inconveniences which are not produced to the same extent by chloroform, these are of little consequence as compared with the dangers inherent to the use of the latter. 4. Ether should, therefore, be preferred to chloroform." It was proposed that the fact of using chloroform should be stigmatized as imprudent ; but the Society declined taking this step, contenting itself with declaring that ether fulfils the same indications as chloroform, without giving rise to the same dangers. — *Med. Times and Gazette*, Nov. 26, 1859.

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#### OBSTETRICAL.

4. *Trismus Nascentium*.—In the course of our meetings this summer, I mentioned to you that I had been considerably interested in the observation of quite a number of cases of trismus nascentium during the decade just now closing ; — that interest has been augmented, of late, by the occurrence of three other cases in quick succession. You, if I remember correctly, promised to either mention it in the College of Physicians and Surgeons, or to a few of our mutual friends, most largely engaged in the management of children, and give me the general result of their experience. Lest you may forget it, I send you this reminder, and mention one or two facts connected with the cases which seem to me not a little curious.

1st. In a practice of ten years in Henry county, during which time my obstetric cases were not less than an average of thirty annually, I did not see a case of the disease, whilst in ten years here, with an average of fifty cases per year, I have had seventeen cases of trismus.

2d. And most curious, my ordinary circle of observation is about ten miles in diameter. The locality in which all the cases have occurred, constitutes an oblong of about four miles in width and six in length, situated nearly in the middle of my field. Outside of this district I have not seen a case, and have not heard of one.

For twenty years or more the negro children born within this boundary have been quite subject to the disease. Several farmers who owned large families of slaves, raised but few slave children between 1830 and 1845. They would say, "We can not raise negro children; they all die with the nine-days disease." About that time an old woman of the neighborhood was the general midwife; and her professional duties were mainly restricted to the infected, or I should say, to the afflicted district. She lost cast, indeed, in her vocation, on account of the numerous cases that followed her deliveries. One of the oldest and most respectable physicians of this part of the country sought diligently for the causes of the old midwife's misfortunes, and confidently believes he found it. He says, in each case, the old lady tied the cord so slack that its nerves ( ? ) were merely irritated, not deadened: hence actual traumatic tetanus. Whether his is the true explanation, I leave you to determine; but if it is, Madam Grif-fith's successors, of whom I am one, have also tied too loosely. For, following me, quite a number of cases have occurred. All the cases I have seen were not of my own delivery — indeed, the majority of them were not, for, charging double the fee of my professional neighbors, the majority of the slave labors fall into their hands; yet the proportion of cases under my sole management has been as great as under the management of either of my neighboring medical friends.

Every case has belonged to the African race. Many have been disposed to attribute the disease, therefore, to negligent, ignorant, or careless nursing. At first I was inclined to adopt that opinion, coupled with the idea that a diseased state of the umbilicus, as abrasion, inflammation, irritation, or some other unhealthy condition, was necessary to its production. But I was not long in satisfying myself that neither of these facts was constant. The children, a number of them, being nursed as tenderly, carefully, and cleanly, as a large number of the white children; and the navels, I have observed, have presented no constant indications. Some of them are well — healed up fully — others inflamed, indeed, in very varying and opposite conditions. Then I went off on the idea of persisting compression of the brain from some one of the cranial bones. In this view I was vastly strengthened by the announcement of the same idea by a gentleman of Tennessee,

I think, who gave a number of cases in which he thought it manifest, that the occiput increased the pressure, and that the compression was kept up by laying the children mostly on the back. It is singular that I have forgotten this physician's name, for I remember that I was quite grieved, upon reading his paper, that I had not published, when I first conceived the thought, and thus entitled myself to the paternity of the great idea.

But further observation has satisfied me that I did not lose much by dilatoriness. I have fully convinced myself that compression of the brain, from persistent bony depression, does not always produce the disease.

The inquiry as to what the accidents of labor may have to do with it has also been raised. I have not been able to find anything constant in this connection.

I have seen it following tedious and quick, laborious and easy, difficult and complicated labors, about in the same proportion. Nor do I find in the nervous, muscular, secreting, respiratory, or digestive systems, any premonitory signs.

Twelve out of the seventeen cases have occurred in the six months comprising the last half of spring, all the summer, and the first half of fall. Five have occurred in the other half of the year. It begins never earlier than the fourth day, or later than the eighth. Mean duration, about two days. I have had two recovery cases. I attributed their recovery to full feeding—the mothers drawing the milk from the breast, and feeding them; and they are the only instances in which I thought sufficient nourishment was received.

One other point in the treatment, to which, however, I attribute no importance, but as it was practiced in both of the recovery cases, and has not been used by me at least in but one other case, may as well be mentioned—tobacco poultice over the abdomen.

The foregoing, I believe, sums up the essential particulars in my cases, and leaves me as completely at sea in regard to the disease as I was ten years ago, before I had ever seen a case.

Please mention the thing to some of our friends, and find out from them whether they often meet with them—what is the proportion of the recoveries, etc., etc., and communicate to your obedient servant.—*E. D. Force, M.D., Waverly, Ky., in Louisville Monthly Medical News.*

5. *Extra-Uterine Pregnancy*. — Dr. C. Goodbrake, of Clinton, Ill., reports for the *Chicago Medical Journal* an interesting case of extra-uterine pregnancy, in which he operated, but, unfortunately, with a fatal result. After a preliminary description and history of the case, the Dr. proceeds with the following account of the operation :

“The patient being under the influence of a mixture, of one part chloroform to four of sulphuric ether, I made an incision in the linea alba, about four inches in length, down to the peritoneum ; no hæmorrhage occurring, I cut down through it also. I now introduced my hand, after immersing it in the artificial serum, and soon satisfied myself that it was actually a foetus enveloped in a sac of its own. The sac was found firmly adherent in the right iliac fossa, and to a considerable extent to the parietal peritoneum on the right side. There were no adhesions anteriorly, nor to the intestines, which were all crowded to the left side. This diagnosis was confirmed by Dr. McHugh, who also made a thorough examination. In order to ascertain the condition of the foetus, a small incision was made in the sac, when it was found in a pretty good state of preservation ; and upon a hurried consultation, it was deemed advisable to remove it, and as much of its sac as practicable.

“The incision was now extended upwards as far as the umbilicus, and down to within an inch of the pubes. The incision through the sac was also enlarged, when the foetus was removed with great difficulty, owing to the strong adhesions between it and the sac. When the foetus was lifted out, the cord was found to be yet entire, and attached to a very small placenta, of a cartilaginous character, low down in the pelvis. The placenta was located immediately over the space where the sac also adhered to the broad ligament. The uterus was a little enlarged, but otherwise it seemed in a normal condition. The cord, as much of the placenta and sac as could be got away without lacerating the peritoneum, was now removed, the parts carefully sponged, and the incision brought neatly together by the interrupted suture, supported by adhesive strips ; and the dressing finished by the compress and bandage. The patient rallied from the effects of the anæsthetic about the time the dressing was completed, and was placed snugly in bed, a dose of laudanum was administered, and

she expressed herself as quite comfortable. Her pulse was good.

"The time occupied in bringing her under the influence of the anæsthetic, in the operation, and until she was placed in bed, was forty-five minutes, as observed by Mr. Shurtleff. It was estimated that there was not over an ounce of blood lost during the operation.

"The patient was left, according to previous arrangement, in the care of Drs. Richards and McHugh; one of them remaining the first night at her house. They visited her regularly afterwards, twice a day. The bladder was evacuated morning and evening, and opium and brandy administered according to indications.

"The physicians reported that the patient did quite well for the first forty-eight hours; after which she became restless, her pulse grew gradually weaker and more frequent, until it became imperceptible at the wrist.

"Dr. McHugh informed me that the wound looked well, and that there was no swelling of the abdomen up to the time of her death, which occurred on the fifth day after the operation."

6. *On the Treatment of Ovarian Dropsy.*—By an article by Simon Thomas (*Archiv. für Holländische Beiträge zur Natur und Heilkunde*, B. I., H. 2, '59), our attention has been directed to the following treatment of ovarian cysts, as quite easy of execution, dangerless, and successful in its results. It consists in puncture and incision through the wall of the vagina—the opening made being kept open until the cyst becomes obliterated. This procedure was originally devised by Kiwisch, but modified by the author, inasmuch as he incises the puncture with the bistoury, only just sufficient to enable its being found again by the touch, and then enlarges it with a "lithotome caché," to an inch in length, always in the direction toward the uterus. Instead of introducing a canula, daily lukewarm injections are made, with the view of avoiding local inflammations, and washing out the cyst and vagina. The after treatment, in order to remove any reaccumulated liquid, consists simply in the introduction of a male catheter of large size, which, when necessary, may be left *in situ* a considerable time without fear of inflammation. When the

contents of the cyst can no longer be evacuated by the catheter, a tube—"a double current"—may be used, with which the cyst can easily be washed out; and when, finally, the liquid injected at one end does no longer flow back from the other, a short *cul-de-sac* or blind channel is all that has remained. This either soon closes, or exists for a time as a harmless fistula requiring no further attention.

7. *Sunken Nipples*.—In the *Medical Press*, for December 3d, in a lecture upon the "Management of the Puerperal Woman and her Infant, during the Month," Professor Bedford has the following practical remarks: "It will sometimes happen that the nipple is quite sunken and flat, so much so that it will be impossible for the child to grasp it in its mouth. The consequence will be, that the mother is fretted and fatigued by the negative efforts of the infant; and this latter will be defrauded of what it has a birthright claim to—its natural nourishment. It is the easiest thing imaginable to remedy the difficulty. Take an ordinary pint bottle with a long neck, fill it with hot water, then pour out the water, and apply the mouth of the bottle immediately over the nipple; as the bottle cools a vacuum is formed, and thus a powerful but equable suction is produced, which results in elongating the nipple. The bottle is then removed, and the child applied."

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MISCELLANEOUS.

8. *Preservation of Bodies for Anatomical Purposes*.—Professor Budge has found that bodies may be admirably preserved for a long period of time, whether for anatomical purposes, or for courses of operative surgery, by injecting into the carotid a preservative fluid composed of pyroligneous acid and sulphate of zinc, of each from eight to twelve drachms to seven pounds of water. Bodies thus injected have kept during eight weeks of intense summer heat, without giving rise to any putrefactive smell, the muscles retaining their red color, and though a little softened, admitting of good dissection. The injection does not prevent the subsequent injection of colored matters; and the knives used in dissection scarcely suffer at all.—*Virchow's Archiv*.

THE  
CINCINNATI LANCET AND OBSERVER.

CONDUCTED BY

E. B. STEVENS, M.D., AND JOHN A. MURPHY, M.D.

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No. 5.

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Original Communications.

ARTICLE I.—*The Law of Rape—Chloroform in Rape Cases.*  
Reported by M. B. WALKER, Esq., Attorney for Defendant,  
with Remarks by J. C. REEVE, M.D., both of Dayton, Ohio.

[Court of Common Pleas of Mercer County, Ohio, January Term, 1860.]

THE STATE OF OHIO vs. DAVIS GREEN.

The evidence in this case tends to show that Jane Gray, the prosecutrix, is a truthful, virtuous girl, robust and healthy, of limited education and intelligence, though of good natural sense, aged seventeen years, on 21st August, 1857; that on the night of the 23d June, 1857, she lodged in a bed with a daughter of defendant about of same age, in the northeast corner room of a village hotel in Mercer county; that in the adjoining room south, there lodged a man and his wife, and in the adjoining room west, with an unfastened door between, there lodged the defendant and other persons in other beds; that the prosecutrix and her bed companion retired about ten o'clock P. M., and, after talking a short time, fell asleep; that during the night, the first thing remembered by the prosecutrix was, that the defendant had her by the arms pulling her out of bed; that he said to her he was Dr. Green, and that he had come to have sexual intercourse with her; that he placed her in a position with her feet touching the

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floor and her weight partially resting on the bed and pillows, and that in that position he had complete sexual intercourse with her; that she experienced the pain of rupture of the hymen, but experienced upon her clitoris a pleasurable sensation from the coition; the act lasted but a few minutes, and upon leaving her the defendant said to her she must never tell it; that it would not hurt her; he held his hand upon her mouth, and she felt a rag between his hand and her mouth; she heard what he said, was conscious of all that occurred, she tried to speak, but felt so weak or scared, that she could not, or could not speak loud, and did not say but a word or two—said “Go away—Oh dear!” she tried to force him away, but could not; she experienced a ringing sensation in the head, felt weak, drowsy and sleepy, but did not sleep any more that night; she remained in bed until morning, made no outcry, and told no one of the occurrence until about last of December, 1857; next morning she felt unwell and presented a sad and gloomy countenance, and for a week or two was nervous and easily alarmed; the ringing in the head lasted a day or two; for three or four days she could not sit up for any considerable time; the symptoms of weakness lasted two weeks. That time, 23d June, was the usual period for the return of the menstrual discharge, and symptoms of it were felt, but no actual discharge had yet occurred. On the morning of the 24th she observed a spot like blood on her chemise, the only night-dress she wore, which she supposed was a slight menstrual discharge, but that no discharge followed at any time thereafter. She conceived and gave birth to a child on the 26th March, 1858. After retiring to her room on night of the 23d June, before going to bed, her nose bled. She never saw chloroform before, but smelled it on trial and believes the smell to be like that she experienced on night of 23d June. She first thought defendant had intercourse with her twice that night, and had told others so, but, on reflection, was sure that it was only once; she saw him with shirt and drawers on, but no other clothing; she made an effort twice, with both hands, to resist him, but could do nothing. She weighed one hundred and thirty pounds, was in good health and had always enjoyed good health. Did not smell medicine when first awoke, but did after defendant left her room, in about six minutes; the effect was unpleasant—can not say painful; her



mind was clear from the time she awoke, and she knew everything. Her feet were about six inches apart — more than half her weight on her feet, the rest thrown back on the upper part of the bed; the rail of the bedstead came in contact with the middle of her thighs. She made no effort to awaken the daughter of the defendant, though her head was near or touching her; did not halloo or call anybody; her hands were not restrained at any time. Defendant only touched her with one of his hands; is sure that she remembers everything that occurred accurately.

The defendant is a physician. There was a large amount of testimony on both sides, tending to prove the charge and tending to disprove it. The daughter of defendant, a highly intelligent young lady, swears that she slept on the front side of the bed, was not disturbed in the night and smelled no odor of medicine of any kind; saw nothing unusual in the appearance of prosecutrix next morning. The defendant was just recovering from a long and severe attack of phlegmonous erysipelas, the left hand very sore, and poulticed, the neck very stiff and sore, and the right hand also sore and in ulcers. No one about the house heard any noise or disturbance during the night, after parties had retired. The partitions between the rooms were of boards, had shrunk so that there were cracks between the boards one half inch in width — boards were one inch in thickness — had stood for twenty years; the bed was of ordinary size.

N. L. Hibberd, J. S. Conklin, J. H. Hart and Joseph Plunket, for State.

M. B. Walker, F. C. Le Blond, E. M. Phelps, C. P. Edson and P. Depuy, for Defence.

M. B. Walker, for defence, cited the following authorities: Dr. Snow on Anæsthetics, pp. 34 to 48, inclusive; *Ib.*, 98; Wharton & Stillé's Med. Jurisp., Secs. 728 to 733, inclusive, note *j*; *Ib.*, Sec. 443, note *g*; Dunglison's Physiology, Vol. II., pp. 368, 450, 420, 423, 470, 369, 423, 465, 424, 425 and 427; Wilson's Anatomy, pp. 548, 550, 361, 366.

The evidence and arguments of counsel being closed, the Court, Wm. Lawrence judge, charged the jury, substantially, as follows:

The indictment charges the defendant with rape upon Jane Gray, on the 23d June, 1857. The defendant pleads not guilty. The issue thus made you have been sworn well and truly to try.

The indictment is drawn upon the 5th Section of the Crimes' Act of March 7th, 1835, (Swan's R. S., 269, 1 Crimin. 184,) which provides, "that if any person shall have carnal knowledge of any other woman or female child than his daughter or sister, forcibly and against her will, every person so offending shall be deemed guilty of a rape," etc.

In this case rape may, therefore, be defined the unlawful carnal knowledge of a woman other than the daughter or sister of the accused, forcibly and against her will. The definition is only important as it may serve to call the attention of the jury to the facts which must be proved, in order to warrant a verdict of guilty, which are these: That Jane Gray was not the daughter or sister of the defendant (Crimes, Sec. 5); that he had carnal knowledge of her, which requires penetration and emission (*Williams vs. Ohio*, 14th Ohio R. 222); that it was had forcibly; that it was against her will; that it was thus had in Mercer Co., Ohio. These facts must be established by lawful evidence (the Judge then stated the law—the province of the jury to determine the facts; that of the court to determine the law; the presumption of innocence; the law as to reasonable doubts, etc., substantially as in *Robbins vs. Ohio*, 8th Ohio St. R. 148, 152; and after explaining sufficiently the several facts to be proved, proceeded as follows): The carnal knowledge must also have been *against the will of Jane Gray*. If unlawful sexual intercourse should be proved, the law does not *presume*, from that fact alone, that it was against the will of the female; there must be sufficient evidence, by circumstances or otherwise, of that fact. (See *State vs. Crow*, 10th West. Law Journal, 501.) But if the facts and circumstances show that the defendant forcibly had carnal knowledge of Jane Gray, without her consent *to the act*, he knowing that fact, that is sufficient evidence that it was against her will. (See Wharton's Crim. Law, Secs. 1141, 1146, n.; Wharton & Stillé's Med. Jur., Secs. 459, 463; *Regina vs. Camplin*, 1 Car. & K., 746; 1 Denis' C. C., 90. If the defendant forcibly had unlawful sexual intercourse with Jane Gray without her consent, and the act was commenced and completed by penetration and emission while she was asleep, unable to know the fact, or before she was sufficiently awake to enable her will and understanding to determine the nature and consequences of the act, and the defend-

ant knew these facts, then he is guilty of rape. Wharton & S.'s Med. Jur., Secs. 440, 443, n. *g*; Wharton's Crim. Law, Secs. 1146, 297, 631, 2159; 1 C. & K., 746; 1 West. Law Monthly, 333; 3 Gr. Ev., Sec. 211; 14 Ohio Rep., 222.

There is, perhaps, but a single published case of alleged rape effected by means of chloroform — that of Dr. Beale, of Philadelphia, published in Wharton & Stillé's Medical Jurisp. The defendant was pardoned by the Governor of Pennsylvania. The subject of chloroform is very fully discussed in a late valuable work by Dr. Snow, of London, on Anæsthetics.

If the defendant administered chloroform to Jane Gray, and thereby rendered her unconscious — without will — and in that condition the defendant, knowing it, had carnal knowledge of her forcibly, then he is guilty of rape. Wharton & Stillé's Med. Jur., Secs. 458, 459.

Generally, the crime of rape is committed upon females in the enjoyment of all their faculties. In such cases the inquiry, whether the crime was against the will of the female, is determined by evidence of acquiescence or resistance; and as the State is required to prove the *absence of consent*, in order to make out guilty, a prosecution will generally be defeated by evidence of *acquiescence*. This must always be so when the prosecutrix is sufficiently in the enjoyment of her faculties to understand the nature and judge of the consequences of sexual intercourse, or when the defect of capacity, which induces acquiescence, is unknown to the accused. If the prosecutrix, having the capacity to understand the nature and judge of the consequences of sexual intercourse, and the power to resist by act or word, and neither such capacity nor power was overcome by force, fear, or chloroform, her acquiescence in the act would defeat a prosecution for rape. In such case, any consent thus given, however reluctantly, even if the judgment and conscience did not approve the act, but if the will yielded to the influence of sexual desire or other motive, there can be no rape. In such case, passive submission is evidence of acquiescence; and if her conduct was such that the defendant might fairly infer that she acquiesced, and he did so infer, then he is not guilty of rape. If she acquiesced through force, fear, chloroform or any defect of capacity, but the cause of such acquiescence was unknown to defendant, he is not guilty of

rape. 1 West. Law Monthly, 333. But the mind is composed of various faculties or powers, each operating and affecting others more or less remotely. The destruction or suppression of one may defeat or pervert the capacity of another, and thus the power to acquire just perceptions or form just conclusions upon some, or all subjects, may be impaired or annihilated. This idea is illustrated in a note to Sec. 443 of Wharton & Stillé's Med. Jur., in relation to certain experiments with chloroform, where it is said: "In the above observations it may very plainly be seen that the will no longer exercises its control over the mental operations. The thoughts run headlong upon their accustomed track, or in any direction in which they may have been impelled by fortuitous impressions made upon the nerves of general or special sensation; there is no power to restrain them, and, while the dream is a pleasant one, no desire to do so." It is the right of every human being to enjoy all these faculties in the fulness of their natural vigor. Webster has defined the *will* to be "that faculty of the mind by which we determine either to do or forbear an action; the faculty which is exercised in deciding, among two or more objects, which we shall embrace or pursue;" and he adds, "the *will* is directed or influenced by the *judgment*, the understanding or *reason* compares different objects which operate as motives; the *judgment* determines which is preferable, and the *will* decides which to pursue. In other words, we *reason* with respect to the value or importance of things; we then *judge* which is to be preferred, and we *will* to take the most valuable. These are but different operations of the mind, soul, or intellectual part of man." I present these metaphysical views (whether correct or not the jury will determine) merely to illustrate the principle of law I am about to state. When the *will* acquiesces in *coition*, there can not, as a general rule, be any rape; but the acquiescence which defeats a prosecution for rape, is that of a will so far under the enlightened guidance and control of the other faculties, that the mind can fairly comprehend the nature, and judge of the consequences of the act, unless the defect in capacity is unknown to the accused. If the faculties have been to some extent suspended by chloroform, but enough remain to reasonably comprehend the nature and judge the consequences of the act, then acquiescence in *coition* will defeat a prosecution for rape.

But if through the influence of chloroform, either directly upon the *will*, or the *consciousness*, or the *faculties* of the mind, or the *sexual* feelings and emotions, (see Wharton & Stillé's Med. Jur., Sec. 443, note,) the mental capacity is so benumbed, suspended or perverted as to be unable reasonably to comprehend the nature and judge the consequences of coition, and by reason of such condition known to the defendant the act is acquiesced in or consented to, such acquiescence or consent will not alone defeat a prosecution for rape; rape may exist with such acquiescence thus knowingly obtained.

It is of the utmost importance that you should ascertain whether chloroform was administered, and if so, whether it deprived the prosecutrix of mental and physical powers. (The Judge then called the attention of the jury to the evidence tending to prove and disprove the administration of chloroform.) The jury will find it important to ascertain whether chloroform could be administered during sleep; whether, if attempted, it produced the waking state, and, if administered, its effect upon *consciousness*, the *muscular power*, the organs of *speech*, the *memory*, the *will* faculties, *sexual* excitement, the capacity of *conception*, its tendency to produce *anæsthesia* and *delusion*, and these in all the various stages of its effect upon the *mind* and *body*, both in passing into, during, and in passing out of its effects.

If it be assumed (and whether it should be is for the jury to say) that there is evidence tending to show that chloroform was administered to the prosecutrix while asleep; that sexual intercourse was had with her; that she partially or wholly awoke before it commenced; that she was conscious of it and all the movements attending it; that she could and did hear and understood words spoken in a low tone; that the intercourse produced upon her clitoris a pleasurable sensation; that this was preceded by the pain of a ruptured hymen; that she did not speak; that she felt a desire to resist physically, endeavored to do so, but could not; that the act was followed by pregnancy, and the birth of a child, in two hundred and seventy-six days; that she was a vigorous girl, in her seventeenth year, virtuous, truthful, of limited education and intelligence; that the act was at the proper time for the return of the menstrual period, but before any actual discharge, it will be important to ascertain whether there is any

stage, in the effect of chloroform upon the human system, when these facts can exist consistently with the idea that such intercourse could be had without her consent.

In the case of *Brown vs. Jamison*, in the Superior Court of Cincinnati, January 18th, 1860, on motion to discharge an attachment, the defendant having alleged that chloroform was administered to her while asleep, whereby she was robbed, Judge Storer remarked: "In relation to the administration of chloroform to the defendant and her daughter, the court had considered this branch of the case with the utmost deliberation. The evidence of the physicians was to the effect that they had never known of a case in which a person was placed under the influence of chloroform without being woke up, and never heard of any, except in newspaper reports, and that the influence lasted only from five to fifteen minutes, unless where the application was repeated; whereas, in this case, if the operation had commenced at two o'clock in the morning, the daughter of this lady must have been under the influence six hours, and defendant herself about twelve hours. Other narcotics would have produced these results, and there was no evidence that chloroform had been used, except from the fact that it was found permeating the atmosphere. The court were led to the conclusion, and it afforded as much pain as the contrary result (could they conscientiously have arrived at it) would have afforded pleasure, that there was no sufficient evidence that the robbery was committed; they should, therefore, set the attachment aside." But the Cincinnati *Gazette* of January 21st, referring to the same case, thus speaks: "Interesting experiments with chloroform. — In a robbery case tried before the Superior Court this week, in relation to the administration of chloroform to defendant and her daughter, physicians testified that they had never known of a case in which a person was placed under the influence of chloroform without being woke up. With this statement in view, we understand that Dr. Miller administered chloroform to ten (10) of the inmates of the Commercial Hospital, eight of whom remained under the influence without waking, while the remaining two confirmed the testimony of the physicians before the court."

The medical authorities show that the human female is very susceptible to impregnation for a day, at least, preceding the

menstrual discharge; then she is less so during the discharge, which usually continues about four days, because the male semen is liable to be carried off by it; that she is again, after it, very liable to conception until the ovum is expelled from the uterus and vagina. The termination of every menstrual period is followed by the discharge of an ovum generally in five or six days, which may be detected in the form of a greenish or grayish, tough mucous globule, about the size of a pea, either on water or by wearing a bandage. This is generally preceded by a slight watery discharge and parturient pains, barely perceptible. When the ovum has passed away, impregnation is impossible until the recurrence of the sensations preceding the menstrual flow, unless an ovule is detached from the ovaries by some irregularity of nature or violence. This proceeds on the idea that fecundation occurs by the contact of the female ovum with the male semen; that every menstrual period detaches an ovum from the ovaries; that the male semen injected into the female organs of generation during the day preceding the menstrual flow is retained, and impregnates the ovum afterwards detached, and that the ovum, in its passage from the ovaries through the Fallopian tubes and the uterus, may be impregnated at any time before it is finally discharged. This inquiry may be assisted by ascertaining whether the various powers of the mind and body fade away, under the influence of chloroform, gradually and coëqually, and return in like manner, as the influence passes off, or whether some, and if so, what ones precede in thus fading away and being restored, and the order thereof, in all the various stages of the influence, and whether some, and if so, what faculties are retained, and the extent and capacity of them. In the case which I have assumed, where the sense of hearing remained, and the sensations of pain and pleasure were felt in a greater or less degree, these facts would tend to show that the stage or condition of *anæsthesia* had either not been reached or was passed; and if so, it might be much more probable that memory would retain its power than if the facts ran otherwise; and if the capacity to remember existed, statements made by its aid might be reliable. But as failure to resist by *word* and *act*, having the capacity to do so, would be strong, if not sufficient evidence of acquiescence in the coition, it would at once become necessary to determine if the faculties of hearing and feeling

could coëxist in a sound body without either the capacity to speak or make forcible resistance. If that be not possible, then due weight should be given to such consideration in determining whether she acquiesced in the coition. But if the capacity to hear, feel and remember be consistent with incapacity to speak or forcibly to resist, then the evidence of guilt may thereby be enhanced. What may be the truth, you will determine from the evidence in the case. But if the prosecutrix had the capacity to hear, feel and remember, and a capacity to speak and forcibly resist, but the inclination to do so was lost—the will overcome by the action of chloroform either operating upon the will-faculty or the *judgment* and *reflective* faculties, ( or sexual emotions, ) so that the mind was thereby incapable of fairly comprehending the nature and consequences of sexual intercourse—and the defendant, knowing these facts, had unlawful carnal knowledge of her forcibly, that would be a rape; and it would be, in such case, wholly immaterial whether the entire mind was disordered and overthrown, or only such faculties thereof as rendered it incapable of having just conceptions and drawing therefrom correct conclusions in relation to the alleged rape. Whether the physical and other mental capacities I have named could operate normally, while faculties of the mind, as the judgment, the understanding, the reflection and reasoning faculties, were so deranged or overthrown as to destroy the capacity to comprehend the nature and consequences of coition, is a question of fact for the jury to determine upon all the evidence in the case. But if the prosecutrix had the capacity to hear, feel, remember, to speak and resist, or in any event, it should not be presumed that her will was overcome without proof of the fact beyond a reasonable doubt. If chloroform may produce *delusion* in the mind of its subject in any of its stages, you will inquire if it existed in this case—whether its existence is consistent with the other mental and physical phenomena which you may find to have existed; and you will give due effect to your conclusions upon this subject.

With these principles, as to what facts are necessary to constitute rape, the jury will proceed to inquire into the prominent points of controversy, and ascertain if it is proved that the defendant forcibly had unlawful carnal knowledge of Jane Gray, and if so, was it against her will.



[The Judge then read to the jury Section 212 of 3d Greenl. Ev., and Section 468 of Wharton & Stillé's Med. Jur., and called the attention of the jury to the prominent points of evidence relied upon to prove and disprove the fact of sexual intercourse, and upon the subject of acquiescence.]

Verdict of the jury, *Guilty* : motion for new trial overruled.

Motion in arrest of judgment continued to next term, by agreement of counsel.

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**Remarks.**

The interest which attaches to every case of crime attempted or committed by means of anæsthetic agents demands some remarks upon the medico-legal points in the above trial.

So far as we are aware, but one case has been reported of the commission of rape while the female was under the influence of chloroform. We allude to the celebrated Beale case of Philadelphia ; in that, however, there was no doubt in regard to the inhalation of the chloroform ; it was given for a proper purpose at a proper time and place, and the question was whether the prosecutrix really suffered a violation of her chastity or was deceived by an erotic dream, which anæsthetics are now well known to produce, the impression of which, after awakening, had all the vividness of reality. In the present case, on the contrary, there was no call or excuse for inhalation of chloroform ; if given, its administration must be looked upon as part of the crime itself.

There is an important point, however, in which the two cases are similar, and one which we have not yet seen examined in any work on medical jurisprudence. The prosecutrix in each case distinctly swears that she was conscious of what occurred at the time the offence was committed, and that she suffered pain, yet that she was at the same time deprived of the power of making any resistance or outcry. The question, therefore, for the medical jurist to answer is — Does chloroform produce a condition of the nervous system in which consciousness and sensation are perfect, but volition is abolished ? This question did not assume the first importance in the Beale case, while in the one under consideration it must be looked upon as the vital point in the medico-legal aspect of the case.

We do not believe that any one who has had experience in the

administration of chloroform would hesitate in giving a negative reply to this question. When this agent is inhaled, it produces its effects in a *gradual* manner; certain portions of the nervous system submit to its influence before others, and the order is well marked, the functions of the cerebrum being first abolished, then those of the cerebellum, afterwards those of the spinal system. Every person who has watched its effects knows that consciousness is deranged and lost before the stage of excitement occurs,—a stage in which there is often a great deal of muscular exertion, such as struggling, and trying to rise from the couch or chair, with loud talking, and that this stage must be passed before the sensibility of the patient is sufficiently abolished for the performance of a surgical operation. From what we know of the effects of chloroform, we do not hesitate to say that there is no such thing as a patient being deprived by it of the power of speech and of voluntary motion without sensation and consciousness being also abolished.

Our opinion is supported by the authority of all writers upon the subject. Snow, in his work on *Anæsthetics*, enters very fully into a consideration of the physiological effects of chloroform;\* as several pages are taken up with this description, we can not copy it here, but present a brief abstract of the different “degrees” of the influence, as he gives them:

In the *first degree* he includes “all the effects of chloroform that exist while the patient retains a perfect consciousness of where he is and what is occurring around him;” in this degree “there is often a considerable diminution of common sensibility”—“in a few cases, the abstraction of a tooth and other minor operations have been performed without pain, whilst consciousness has been retained.”

“In the *second degree* of narcotism there is no longer correct consciousness. The mental functions are impaired, but not necessarily suspended.”—“There is generally a considerable amount of anæsthesia connected with this degree of narcotism. . . . Loss of sensation is indeed sometimes so incomplete in this degree, especially in children, that the surgeon’s knife may be used without pain. . . . Although the patient is generally silent, he

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\* On Chloroform and Other Anæsthetics; Their Action and Administration. By John Snow, M.D., London, 1858: pages 34–43.

may nevertheless laugh, talk, or sing. . . . He feels the inconvenience of the vapor he is inhaling, . . . and endeavors to push away the inhaler."

In the *third degree* "there are no longer any voluntary emotions," rigidity and spasms of the muscles occur—the patient mutters in an almost inarticulate and a perfectly unintelligible manner," but "is quite incapable of any perception or consciousness of pain."

In the *fourth degree* the breathing is stertorous, the pupils dilated, the muscles completely relaxed, and the patient perfectly insensible.

In the *fifth degree* the respiration becomes difficult, feeble or irregular, and finally ceases, if the inhalation be continued, and is followed by cessation of the heart's action and death.

Essentially the same description of the gradual influence of chloroform, and of the order in which the different parts of the nervous system are affected, is given by Druitt in the *Surgeon's Vade Mecum*;\* he says: "It [chloroform] begins by affecting the mind and consciousness. In its smallest dose it stimulates, then disturbs, then suspends the mental operations. It next diminishes the power of the nerves in receiving and communicating, and of the brain in perceiving sensations, whether arising from causes within the body or without; hence it diminishes or abolishes the perception of pain."

Erichsen, in his *Science and Art of Surgery*,† says: "The first influence of chloroform appears to be exercised upon the nervous system. The patient becomes excited and talkative, and a state of unconsciousness is induced. . . . As the administration of the chloroform continues, however, complete paralysis of sense and motion is induced."

We can adduce far more numerous descriptions of the manner in which ether produces its effects than of chloroform, and if it be objected that this was not the agent employed, and can not, therefore, bear upon the case, it can be shown that ether and chloroform affect the nervous system in precisely the same order. Snow makes this statement repeatedly, and quotes from Flourens‡ a brief description of the action of ether, which, he says, "will

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\* Seventh Edition: London, 1856: page 707.

† American, from the Second London Edition, page 31.

‡ On page 45 of his work from *Gaz. des Hopitaux*, 20 Mars, 1847.

apply equally well to chloroform ;” in this description the regular succession and order in which the nervous centres lose their powers is so distinctly and briefly stated that we quote it entire : “ First, the cerebral lobes lose theirs, viz., the intellect ; next, the cerebellum loses its, viz., the power of regulating locomotion ; thirdly, the spinal marrow loses the principle of sensitiveness and of motion ; the medulla oblongata still retains its functions, and the animal continues to live : with loss of power in the medulla oblongata, life is lost.”

Again : M. Gerdy tried the effect of ether upon himself, “ with the object of observing closely its successive phenomena, and found that, with the exception of the vibratory and benumbed sensation which rendered the sense of touch and of pain obtuse, and the noise in the ears which dulled the sense of hearing, his intelligence was clear, his attention active, and his *will* so firm that he willed to walk, and did walk, in order to observe the effect upon his locomotion.” \*

It will be remarked that all agree upon the fact that unconsciousness is induced before sensation and motion are abolished. Let us turn to writers upon medical jurisprudence, to see what they say upon the subject. We quote first from Wharton and Stillé, section 442, note *q* :

“ That advanced stage of etherization in which perfect narcotism is produced, is, in reference to the present question, of considerable importance ; for if the power of resistance is then lost, so also is the consciousness of a real motive for it. To be more explicit, if an outrage be perpetrated upon a woman lying wholly helpless and unconscious, she can not be aware of the liberties which are being taken with her person, and will not, therefore, make any opposition to them. She can not, moreover, afterwards describe, with elaborate detail, the manner and particulars of the assault, and yet have been incapable of withdrawing from or repelling it. If her muscles and voice have been paralyzed, so also has her outward consciousness. Voluntary muscular movement is not paralyzed until the state of narcotism is produced, at which time, however, all outward consciousness is extinct.”

Without entering into a full consideration of the effects of anæsthetic agents, the following propositions as to the different

\* Wharton and Stillé's *Medical Jurisprudence* : quoted from *Bulletin de l'Académie*, vol. xxi., page 304.

degrees of their influence, are given in the last edition of Beck's *Medical Jurisprudence*.\*

*First*, A state of insensibility may be induced, rendering the person as completely unconscious of the violation of her chastity at the time as if she was fully narcotized by opium or any stupefying drug.

*Second*, She may be rendered partially unconscious, or thrown into a state in which she has no adequate appreciation of the outrage, although more or less cognizant to its committal.

*Third*, The power of opposition, either by words or actions, may be taken away or impaired, even if the faculties of the mind are retained sufficiently to understand the intention of the criminal party.

It may seem at first, that because this last proposition favors the existence of a state in which the power of resistance is abolished and yet the patient is aware of what occurs around her, it can be used in making out the case of the prosecutrix. When anæsthetics were first introduced into practice we often read of cases where the patient watched smiling the different steps of an operation, or talked cheerfully during its progress. Such cases we have read of, but have never seen; nor are they common, for Snow saw but one in the whole course of his experience, which amounted to the administration of chloroform over four thousand times and of ether nearly two hundred times; once he saw a child hold a toy in its hand and look at it attentively while being cut for stone. There is one very important fact to be considered by those who would apply this proposition and these cases to the case before us: it is, that the one says nothing of *sensation* remaining as well as consciousness, and in the other we know that it is abolished from the absence of all expression of suffering, without which the administration of the anæsthetic agent would have been a failure. The prosecutrix in this case not only swears as to events that occurred and words which were spoken, but swears positively that she suffered pain and experienced pleasure. As there is not a particle of evidence that the will can not be exercised so long as sensation remains, although occasionally it may happen that volition is abolished while consciousness of external events remains, we can not believe that the prosecutrix was deprived by chloroform of the power of making outcry or resistance.

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\* Eleventh edition, vol. i., page 246: note by Austin Flint, M.D.

ART. II. — *Remarks on Diphtheria.* By V. KERSEY, M.D., Milton, Wayne County, Indiana.

For about two years past *Diphtheria*, or *Angina Maligna*, has prevailed more or less constantly in this, or some one of the adjoining counties. From its appearance early in 1858, till the autumn of 1859, it occurred rarely in the vicinity of Milton, the cases being remote from each other both in time and place. Late in September last it broke out in a neighborhood four miles south of this place, in the form of a violent epidemic, and in little more than two weeks proved fatal in seven cases. From that time to this we have scarcely been without a sufferer, and sometimes a dozen or more have had the disease at once.

The disease is generally manifested by a distinct chill, followed by a remittent fever; and in addition to the suffering usually attending this form of fever, there are pain, stiffness, and swelling of the neck, and mostly, within twenty-four hours of the onset, ash-colored patches may be found on the tonsils, fauces, or palate. In some instances the approach of the disease is more insidious — trifling soreness of throat, with little or no fever, or other appreciable disturbance of health, followed on the third or fourth day by the rapid development of extensive ash-colored sloughs and turgescence of the glands and cellular structure of the neck; or, without involving obvious change in these structures, the larynx is invaded by a plastic exudation, producing well developed secondary croup.

It is proper to state, that of the seven fatal cases mentioned above, six were treated by the *Eclectic brotherhood*; since which they have scarcely been among us; and although the fatality has not been so terribly uniform in other hands, we have not wanted the opportunity to witness, at the bedside, several of the modes in which this disease is capable of closing the avenues of life. I have treated eighty-four cases of this disease since it appeared among us as an epidemic, of which number five have proved fatal; and to these fatal cases I would devote a moment's attention, as they afford some illustration of the types of the disease.

The first was a delicate girl, six years old, of scrofulous constitution, with a distorted sternum and chronic enlargement of the tonsils, to an extent to have rendered respiration noisy and laborious from infancy. A tendency to slough was the prominent

feature in this case; and I suppose that one-half of each tonsil was removed by this process, when it was arrested, and the prospect for recovery seemed hopeful; but the patient was attacked with general pneumonia and died on the eleventh day of illness.

The second was a fine girl of thirteen years. She was severely attacked; both tonsils, the uvula, and posterior margin of the palate were involved and covered with gray exudation. On the evening of the third day the respiration indicated that the disease had extended to the upper surface of the palate, involving the nasal passages. The fever, which had been greatly reduced, was aggravated, the pulse became rapid, the palate dark-red and swollen; a little later it was ash-colored; the next day it was dark-colored and evidently gangrenous. The face, neck and glands, including the parotids, were excessively tumid. The patient died, on the seventh day of disease, of gangrene of the palate and throat.

The third case, a girl of two years old, was taken with the symptoms of an ordinary cold, including hoarseness and slight fever. On the second day the parents ascertained the presence of moderate soreness of throat, and used some means. On the fourth day I saw the child, and found the local disease and the fever moderate, but the voice was suppressed, the cough croupy and the respiration somewhat embarrassed. All the throat symptoms yielded readily, while the laryngeal increased into well-developed secondary croup, ending in death on the sixth day of my attendance.

Fourth, a girl of three years was attacked with the usual symptoms of diphtheria; the tonsils, uvula, and back part of the palate were involved; the disease soon extended to the nasal passages, and a little later into the larynx. The countenance was livid and tumid, the neck greatly swollen, and the upper portion of the breast œdematous. This child died on the tenth day of illness, and, although hoarse and croupy for the last four days, the embarrassed respiration and death seemed mainly due to swelling of the neck and the abundant aplastic exudation into the fauces.

The fifth and last of my fatal cases was a fine boy, about a year old. The attack was very slight, and, on the second day, scarcely a vestige of disease remaining, my visits were suspended. On the fifth day I was recalled; found the disease well developed, but

mainly confined to the tonsils, and these were not excessively swelled. The nasal passages were soon invaded, the glands of the neck swelled, and the cellular structure fluctuating, with a moderate œdematous effusion. The condition of the throat improved under treatment; even the external swelling diminished, the child took its food regularly and often seemed pleasant and comfortable, the fever abated, but the pulse continued too rapid until the ninth day, when it assumed the healthy standard. By the tenth it had fallen to fifty in a minute, and was irregularly intermittent. This tendency increased through the night, resulting in convulsions and death the following morning.

Among my cases were twenty-one adults; these all recovered. One, however, a lady of over sixty, barely recovered; considerable gangrenous sloughs were removed; the uvula was clipped away with scissors, thoroughly œdematous, and approaching gangrene, and I thought the depletion of surrounding parts, resulting from its removal, useful. Other adults were dangerously ill, but no other from well developed gangrene, and only one from secondary croup.

In this epidemic I have seen the following appearances:

1. Plastic exudation, of membranous consistence, and ash-color, sometimes extending into the respiratory tube, and giving rise to secondary croup — constituting *diphtheria*, in the radical sense of the term.
2. A less plastic exudation, readily removed with the sponge, and leaving the membrane beneath highly inflamed, but in a state of integrity.
3. Ash-colored sloughs, readily removed with the sponge, and leaving deep and ragged excavations in the parts beneath. These two latter varieties commonly called *diphtheria*, but not with strict propriety.
4. Superficial, dark-colored, gangrenous patches, bleeding when the sloughs are prematurely removed.
5. Gangrene, extending without limitation or line of demarcation till the vital forces failed. The last two forms of disease are commonly described as *gangrenous sore throat*.

I have seen no cutaneous eruption in any case of this disease. Two or three weeks after recovery from this disease, remarkable symptoms have occurred in five cases under my notice: imper-



fect paralysis of the limbs, palate, and vocal organs ; strabismus of one or both eyes, with decided impairment of vision ; partial idiocy, indicated distinctly by the countenance, manner, and language. These cases are all improving, and, in the first, and worst case, the faculties are restored to very nearly the normal standard.

Diphtheria seems to be regarded, by some medical writers, as of recent origin ; and it is probable that every visitation of disease has its own physiognomy, and that so well marked as to distinguish it from preceding and subsequent visitations of the same disease ; yet it would be unwise to regard each of these as a new disease, and apply a new name. I think the disease in question was well known and well described in the last century, not by one, but by many writers — not in one locality or one visitation, but in many.

Is the disease contagious ? In our community, perhaps, not more than one-half the persons thoroughly exposed to the disease, in all its stages, have taken it. A large portion were seized without such exposure. Within the last four months, under my own observation, two persons have each had two well marked attacks of the disease, more than a month of good health intervening in each case. The breath of all my bad cases has been blown directly into my face for some time, at least twice a day, and often loaded with a spray of foul secretions. More than once I have been forced to wash these from my eyes before I could proceed. I have suffered no attack.

I regard the disease as an *epidemic*, originating in a field at present unexplored, perhaps lying beyond the limits of successful research ; yet there is little doubt that it might be, and, from certain hotbeds, has been, propagated by contagion. The visitation in question occurred in a healthy, rolling upland locality, where our usual endemics, the periodic fevers, though they occur every autumn, are rarely very prevalent or very malignant. Diphtheria seemed to be engrafted upon almost every case of this form of disease, and for near two months it made little progress, except in this association. Later, and during a less clement season, it was often associated with catarrhal symptoms, and yet rarely divested of its previous febrile characteristics. The epidemic prevailed during one of our most pleasant, and otherwise most healthy seasons, commencing before, and continuing during

and after, a delightful *Indian summer*. It had no connection with penury, bad nourishment, or deficient ventilation. It originated, in a number of cases, about the same time, and, almost certainly, without exposure to the disease. Its ravages have been mostly confined to the farming community, and to a remarkably thrifty portion of this class. Sulphur has been recommended on high authority as a preventive; and *assafoetida* is used by popular consent, for the same purpose, in this and many other diseases. In many families under my notice, they have both been used with disgusting liberality, and, as I suppose, without the slightest benefit. Chlorate of potash destroys the odor of foul secretions, and possibly improves certain depraved states of the blood. On these accounts I have advised its use as a substitute for the other two articles, and with great improvement, so far, at least, as odors are concerned.

*Treatment.*—In the onset it has been my practice to unload the bowels by a mild cathartic; mostly citrate of magnesia, or Husband's calcined magnesia, followed by lemonade. And to give quinine liberally, to arrest the fever. This has often been done in twenty-four hours; and it has rarely continued more than twice that time. This article has been used liberally throughout the disease. As soon as the bowels are evacuated, and the violence of the fever moderated, the tincture of the sesquichloride of iron, in full and frequent doses, has been commenced and continued throughout the disease, except when it was thought to be contra-indicated. Chlorate of potash has also been freely used in every stage of the disease, and in a very few cases before it commenced. The above remedies, together with the requisite local treatment, have been principally relied on, except that when the glandular swelling was considerable, I fell into the use of hydrochlorate of ammonia, in full and frequent doses, and have kept up the practice in all such cases; and when the respiratory tube was invaded, calomel and ipecac, compound syrup of squills and veratrum viride were used, but with more caution and less success than in primary croup.

To obviate swelling of the neck, I used iodine as freely as I could, without too much irritation of the skin. When this failed to control the swelling, I resorted to warm fomentations to the neck of a solution of hydrochlorate of ammonia, as strong as the skin would permanently bear. In the *sequela* I have advised

exercise in the sunshine, and fresh air, with good nourishment ; and administered syrup of iodide of iron and quinine.

In the local treatment of the sores I have been assiduous. Of caustics, I have used nitrate of silver, and sulphate of copper. The former sometimes solid, but oftener in solution. The latter mostly as follows : sulphate of copper 3 j., rain water 3 j., thickened to near a paste with pulverized cinchona bark. In the way of astringents and stimulants I have used persulphate of iron, from one to two drachms to the ounce of rain water ; a saturated solution of nitrate of lead ; tincture of iodine ; tincture of the sesquichloride of iron ; and sulphate of alumina, finely pulverized.

In my intercourse with this disease, I have thought I had reason for preferring, in its turn, each of these agents to all the others ; and yet it would be difficult to point out the precise indications which led to the preference in each case. To soften the false membrane sometimes met with in the fauces, and cause it to be thrown off, I prefer a solution of nitrate of silver. To prevent its reproduction, I prefer to cover the surface thoroughly with finely pulverized sulphate of alumina. To apply to gangrenous patches, I prefer to use occasionally the sulphate of copper ; occasionally, also, the tincture of iodine. For an œdematous condition of the parts, tincture of iodine. As a simple and powerful astringent, persulphate of iron. To remove gray sloughs, and the condition favorable to their reproduction, nitrate of lead. As a stimulating astringent, tincture of the sesquichloride of iron.

I think the *local affection* in diphtheria results from general disorder of the system ; and yet in its aggravated forms, it obviously becomes a focus of disease, capable of reflecting fatal disorder upon the dynamic forces and vital fluids of the entire body. Hence, I believe that no system of general treatment, however sagaciously devised, that ignores the necessity of local remedies, will ever be eminently successful.

I believe it is equally unwise, in this disease, to destroy the texture of the mucous surface by caustics, and the tegumentary surface by blisters ; and yet I consider the frequent, thorough, energetic use of judicious local treatment often indispensable to the cure.

ART. III. — *Two Cases of Wounds of the Knee Joint.* By Dr. DOUGAN CLARK, Westfield, Indiana.

The remarks of Prof. Cooper upon wounds of the knee joint, in the December number of this journal, have brought forcibly to my mind two cases of that injury which have recently been under my care; and, thinking that they may be of some interest, as a confirmation of his theory, I submit to my professional brethren the following brief report:

CASE 1. M. M., aged sixteen, about the middle of summer, whilst walking, fell so as to strike his knee against the edge of an axe. The wound was about one and a half inches in length, and caused a tolerably profuse hæmorrhage. The part was bound up by some of the family, and in two days he was walking about as usual. Inflammation succeeded, attended with violent pain, and on the fifth day I was sent for. I found the region of the joint tumefied, hot, and exceedingly tender, while synovial fluid oozed from the wound in considerable quantity, upon the slightest motion. There were great pain, restlessness, thirst, dry skin, furred tongue, quick, jerking pulse, and all the symptoms of severe irritative fever. It would be needless for me to describe, in detail, the progress of the case or the treatment employed; suffice it that, locally, elm poultices and cold water were used alternately with warm applications, at the option of the patient. The general measures consisted of the use, *pro re nata*, of purgatives, stimulants, tonics, and opiates.

For several days there was an alarming tendency to collapse, which assumed so much of periodicity that I resorted to quinine, with the best effects. Under the treatment pursued, the graver symptoms were moderated, but there still remained great swelling and excessive tenderness in the vicinity of the joint, amounting to insupportable agony whenever the patient, or even the limb, was moved, however slightly. Notwithstanding tonics and support were freely exhibited, the vital powers seemed likely to be exhausted by the extensive suppuration and protracted suffering. Four weeks after the accident I saw him, in consultation with Dr. Duzan, of Zionsville, Ind., and, at his suggestion, the wound was cauterized with argenti nitras, to the very bottom, all the granulations broken up, and a roller applied, beginning at the ankle and

carried around the knee in the figure-of-8 form, leaving the wound exposed between the upper and lower folds; a small poultice was laid over the wound, to receive the discharge, and directions given to keep the bandage wet with cold water. Under this treatment the case steadily improved. The swelling diminished so rapidly, that it was necessary to reapply the bandage, at intervals of a few days, and the wound was kept open till the soreness around had in a great measure subsided, when it was allowed to heal from the bottom. In four weeks the patient could walk with crutches, and the case terminated in recovery, with partial ankylosis.

CASE 2. Soon after ceasing my attendance on Case 1, I was called to see A. H., aged eight. He had been carrying an adze, and had struck the edge against his right knee, inflicting a slight wound. The hurt was so trifling, that he played about as usual for a week, when the symptoms became severe. I found the external wound apparently healed, and the swelling, heat and tenderness much as in the former case. I cauterized the wound and applied the roller, at my second visit, and his progress towards a cure, though not without fluctuations, was rapid. My attendance ceased on the ninth day, and the recovery was complete. Some puffiness of the joint still remains, but there is no ankylosis, although, in this case, also, there was escape of synovial fluid.

The rationale of this treatment is simple. If the roller is applied at the beginning, as would generally be proper, matter is prevented from burrowing around the joint. If pus has already formed, it is forced, by such an application of the bandage as I have described, towards the original wound, through which, being kept open, it finds ready egress. The admission, or non-admission of air, is, in my opinion, a matter of small importance, in comparison with the prevention or removal of burrowing matter. Experience will probably tend to the establishment of Prof. Cooper's views, both in their theoretical and practical bearing.

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ART. IV.—*A Case of Stramonium Poisoning.* By W. H. BRYANT, M.D., Rochester, Andrew county, Mo.

On the 27th of April I was summoned to see a daughter of Mr. Bolton, aged 15 years, living two miles west of this place. On the 26th she had visited some acquaintances in the neighborhood,

and passed the night, returning home the next day alone. About 11 o'clock she complained of being giddy, and told her mother she could not see the work which she was engaged in at the time. She was put to bed, and in a short time afterwards the family noticed that she was acting very strangely, when I was sent for. On arriving at the house, I found her sitting up in bed, and observing her for a few minutes, it occurred to me that her symptoms were precisely those of *mania-a-potu*; but the character of the young lady, as well as that of the family, entirely precluded such an opinion, and on account of her absence from home, I could learn nothing in regard to what she had eaten or drunk. The pupils of both eyes were dilated largely, pulse 90, respiration normal; she was constantly trying to get away from imaginary objects, so much so that it required assistants constantly to stand by her bed to restrain her from getting out; sometimes she would reply to my questions, and again she would take no notice to them. I told the family that she had certainly taken something in the stomach to produce such symptoms, as she had made no complaint to within a few hours of my seeing her, and had always been a remarkably healthy child. I accordingly prescribed an emetic, which operated in twenty minutes, bringing up several of the seeds, which confirmed my diagnosis. The vomiting was kept up until I was satisfied that no more seeds remained in the stomach. A brisk cathartic was prescribed, and the patient left free from her hallucination. The next day she was able to be up and about, but still some confusion of thought existed. She has no recollection of taking the seed.

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ART. V.—*Case of Parturition.* By J. BOWMAN, M.D., Sisterville, Virginia.

Position of the head: directly transverse, viz., the vertex to the left side of the pelvis—Seventh Position of Dewees. Head measuring sixteen and one-half inches round the forehead and occiput; shoulders in proportion. Successfully delivered with the long French forceps. Mother and child both doing well.

*Gentlemen Editors:*—I have often wished that the more experienced accouchers would detail more frequently and particularly their views and mode of using the forceps, and report for your own and other leading journals of the country. This desire may arise in part from my repugnance to the use of the crotchet, and

from the partiality which I have for the use of the long forceps in particularly troublesome and tedious cases. Indeed, it seems to me that the veriest tyro may use the long forceps in a short time, with a great degree of confidence, with ordinary attention to practice on the manikin, and careful observation of the directions of Denman, Baudeloque, Velpeau, and such standard authorities. One especial reason why I give preference to the long forceps over others is, that they are more applicable to those cases where the child is still living, consequently enabling us to save the life of the child, and relieve the sufferings of the exhausted mother, at the same time.

But without becoming tedious, I will relate the history of a case where I am confident no other method could have succeeded.

On the 19th of January, 1860, 7 A. M., I was summoned to the bedside of Mrs. S., aged 32 years, to be confined with her ninth child. Found the position as described at the head of this communication, and owing to the premature escape of the liquor amnii, I found it impossible to make any change in the position. I found, too, that I had a monstrous (if not a monster's) head to contend with. After waiting unavailingly for several hours, for the natural powers to effect a delivery, and my patient becoming very much exhausted, I applied to the right index finger a quantity of fresh hog's-lard, with sulphas morphisæ, grs. iij., passed it up the rectum; at the same time gave half a grain in water. This relieved the expulsive efforts, while I sent some three miles for my instruments. The mother stated that she had not felt any signs of life in the child for more than three hours, but I could, per auscultation, hear the faint click of the foetal heart. But before the instruments arrived, the pains returned with renewed vigor; still all to no purpose, except to assist in giving to the head that wedge shape which Lamotte so finely illustrates by comparing it to the key-stone of an arch (in speaking of the impacted or locked head); for, to complicate the labor, the long continued and vehement action of the uterus, and powerful contractions of the abdominal muscles, served, among other causes, with the mal-situation, great size and solidity, to give to the head this very unfavorable condition. Had not this woman possessed as ample a pelvis as ordinary, I should at this juncture have almost despaired in effecting the delivery without cephaloto-

my. Having, however, the utmost confidence in the aid of the forceps, I at once proceeded to use every effort to save both mother and child. After having made the necessary arrangements, too tedious to name, and so well described in the books, I passed the male branch of the forceps, after some care and address, the pivot taking rather a vertical position; taking then the other blade in my right hand, endeavored to pass it, with a condition of affairs, however, in which certainly this seemed not only impracticable, but impossible; but after a great deal of careful manipulation, and by inclining the handle of this blade out of all reasonable latitude, I succeeded, to my great gratification, in passing it—the male blade being before the sacrum, and the female branch behind the symphysis pubis. In fine, suffice it to say, that I used the leverage from blade to blade, permitting the handles to expand of themselves at proper intervals, and, in due time, a very large male child was delivered—it is true, (but not unexpectedly,) in a state of asphyxia. I now had a fine opportunity to test Doctor A. T. Keyt's mouth-to-mouth method, as given in the January number, 1860, of the *Lancet and Observer*, and I am happy to say it acted very beautifully, for in a short time the child began to respire.

In summing up this case, I remark that I achieved a victory with the forceps that could not have been with any other mode of operation. First, from the fact of the early escape of the waters, and close approximation of the uterus to the child's body rendered turning or any other changes, I say, in my judgment, impossible—this I well tested. Secondly, the head was immovable, except upwards, and in this motion, the womb being in such close proximity to the child's body, the whole mass moved together. Thirdly, the safety of the child's life demanded the forceps, as no other instrument could be brought to bear with necessary power to deliver the child in due time.

Will some of my medical brethren, who may chance to meet with this position, be pleased to communicate through your valuable journal, their experience and success? To me any article written on the practice of midwifery, in these more complicated presentations, is full of interest.



### Proceedings of Societies. .

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*Proceedings of the Cincinnati Academy of Medicine, April 9, 1860.*  
Reported by Dr. W. H. McREYNOLDS, Rec. Secretary.

The Academy having been called to order by the President, the minutes of the last meeting were read and approved. As no one had prepared an essay for this evening, the report of cases was in order. Dr. Murphy said he was called, last Tuesday, to see a child two weeks old. The mother is of bad constitution, feeble and phlegmatic—said she had lost five children with inflammation of the brain—that this child cried continuously, and had diarrhoea. Upon examination, he found the left labium red, tender, and that phlegmonous erysipelas had already commenced; it extended rapidly over the left buttock to the right side, and over the anterior part of the body to the left nipple: it now receded from the upper part of the body and spread over the lower extremities. He prescribed mur. tinc. iron, brandy, hyoscyamus and chalk internally, collodion and flour as a local application. The Dr. said he did not regard erysipelas as a local disease, but as a local manifestation of a constitutional trouble; that patients die of prostration, and that the old doctrine, in regard to the treatment, had long since exploded. He applied cream, but had not seen as good results as he had from flour.

Dr. Wm. Judkins said he had often seen cases of erysipelas, and at this time he was attending an adult male, who was laboring under an erysipelatous inflammation of the head, face and neck; he had considerable fever. He considered it a constitutional disease, and treated it as he would fevers. He prescribed a comp. cathartic pill first, followed with antimony, and used, externally, nitrate of silver ʒij. to the ounce of water; he uses nitrate of silver for children of one year old.

Dr. Murphy said, he thought the application of nitrate of silver and tincture of iodine totally useless. First, they are exceedingly dirty; secondly, they make no impression until the constitutional treatment modifies the disease. Mr. Higginbottom's statements, with regard to the treatment of erysipelas, were not true now, viz.: if you make application of the remedy half an inch beyond

the inflamed part, you will arrest the disease, or, if you leave a little space untouched, it will advance.

The speaker stated that he considered collodion the best local application : first, it is cooling, by evaporation of the ether ; secondly, it produces contraction of the vessels. In ordinary idiopathic erysipelas, he would use collodion and flour externally, and give slight purgatives and tonics internally. Erysipelas following measles, small-pox, etc., he considered as frequently accompanying puerperal trouble.

Prof. Baker said, the gentleman, in his remarks, had attacked old physic ; he said, if we follow the gentleman's new treatment, we will want new physic, and perhaps new patients, and he thought the gentleman was mistaken in his diagnosis of the disease ; he would call it simple erysipelas, which spreads, as he reports it did in this case, unless properly treated. Phlegmonous erysipelas is confined in its character, burrows down, the cellular and muscular tissues become involved ; in such cases tonics are demanded. In spreading erysipelas, the use of some local application, as a wash, half an inch beyond the disease, would be proper. In erysipelas, we first want to exclude the air ; secondly, to arrest the spreading and constitutional symptoms.

Dr. Smith said he had seen Dr. Murphy's patient, and he considered it a case of phlegmonous erysipelas. During the last three or four weeks he has had several cases of erysipelas, and used the collodion ; he has used the collodion for six or seven years ; collodion draws or contracts the vessels more than nitrate of silver or tincture of iodine. He has used the far-famed muriated tincture of iron, but not with good effect.

Dr. Wm. Judkins asked if any one knew of this variety, phlegmonous erysipelas, traveling from the mucous, into the serous tissues ; he only knew of one case.

Dr. White said, we find a disposition, in idiopathic erysipelas, to spread, and that there is an affection of the fauces and mucous membrane of the bowels ; he considered Dr. Murphy's treatment proper.

Dr. S. P. Bonner said that he had met with a case in a child six years old—that it spread over the face and head, and that enteritis was manifested ; he used stimulants, tonics, and local applications.

Dr. McIlvaine said, there is a tendency in erysipelas to cure itself; the pathology is but little known—no better than in the commencement of the nineteenth century or in the days of Sydenham; he also said, he would like some one to prepare a paper on the subject of erysipelas, with the best pathology of the present day, and the treatment, if any is necessary.

Dr. Comegys reported two cases of hydatids; the first one he attended some time ago, in the absence of Dr. S. P. Bonner. The woman appeared at the full period of utero-gestation; he found the presence of hydatids by the touch, and obtained a large amount. Second case: he was called to see a woman who supposed herself to be in the fourth month of pregnancy. She had taken some pills, which caused a morbid action of the uterus, and considerable hæmorrhage—abortion was inevitable. At the next visit he gave ergot, and, in the examination, felt what he supposed was the placenta, but they were hydatids, and he removed about a quart in ten hours. She bled largely, and supposed she had aborted, as about a teacupful of bloody water was discharged, and something looking very much like a small foetus came away, but the Dr. did not see it.

Dr. Murphy reported a case for a criticism on the treatment. A man entered the Commercial Hospital last Wednesday; he could give no connected history of himself, only that he came from New Orleans two weeks ago. His extremities were cool, face and hands dusky, breathing difficult, pulse small; he lay on his left side; there was marked dullness over the right lung, from the spine of the scapula down, and extending round to the sternum. Crepitation could be heard similar to that in children affected with capillary bronchitis—not a frank, open crepitus. No rubbing sound could be detected; tongue red and pointed, bowels open, tenderness over the epigastric region; there was no tympanites, yet there was a resistance to pressure. He had a blister put on, and gave brandy punch. Thursday, he gave calomel, opium one-tenth gr., and a minute portion of ipecac; patient improved a little. Friday, he was much worse, and Saturday morning he died.—*Post mortem* appearances: Hepatization of the lower part of right lung; an effusion of one pint of fluid into the right pleural cavity; acute inflammation of the stomach, and also peritonitis; liver and spleen enlarged. The speaker thought

he had been under a malarious influence, that he had not been a drunkard.

Dr. Williams said he would report two cases to the Academy. The first was to show what measures the Homœopathic doctors, and persons of that class, will resort to, for the purpose of obtaining the opinion of respectable practitioners; that they will allow themselves to be dismissed for a time, with the understanding that they are to have charge of the case again, after the advice of some well educated physician has been obtained.

Two weeks ago he was asked by a young man to see a patient in consultation with Dr. Pulté; he declined, saying, oil and water will not mix; but if he wanted him to take charge of the case, he would do so; and, at the request of Dr. Pulté and the patient's friends, he was called to treat the case. He found the patient had received an injury from a piece of plaster or mortar striking the eye at the junction of the cornea with the sclerotic, producing a slight indentation, with paralysis of the iris; the pupil was dilated, and there were adhesions between the iris and capsule of the lens; the capsule was ruptured and the lens opaque. He gave an unfavorable prognosis, and prescribed cold water dressings and a saline purgative. Dr. Pulté had been trying, for several days, to cause contraction of the pupil by using belladonna in the eye, and giving some little pills—which is a forcible illustration of *similia similibus curantur*.

At the next visit he was met in the parlor by the mother, without the patient, and informed that they had concluded to go no further with Allopathy, that Dr. Pulte had said, if he took much Allopathic medicine he would get into a typhoid state. The Dr. said, he thought it necessary to call the attention of the Academy to this, and he hoped no one would be entrapped by such persons.

Second case: A little girl put a piece of wadded paper into her ear, and, not being able to remove it, a dentist was called upon, who, in making an effort to take it away, lacerated the lining membrane of the meatus, causing some discharge of blood, but he did not succeed in removing it. The speaker was called to see the case. He introduced the conical speculum of Mr. Wilde, and found the foreign body pressed quite down on the membrani tympani. Through the speculum he introduced a

small pair of forceps and withdrew the paper. He said, in attempts to remove foreign bodies from the ear, you must never introduce an instrument without seeing where it goes.

The speaker also stated, in regard to erysipelas, that he had heard M. Velpeau enumerate the different topical applications, and, where patients recovered under the use of any one of them, and where they died — that he thought the disease was not controlled by topical applications — that it was a local manifestation of constitutional trouble.

The Dr. said he had tried, and succeeded in curing cases of scrofulous ophthalmia with general treatment alone, after all local applications had failed. In obstinate cases of granulations, and opacities of the cornea, he has tried inoculation with gonorrhoeal virus, and the patients have got well, the cornea clearing off beautifully, without any medicine; thus showing that some patients will get well by constitutional treatment alone, while others will recover by a purely local treatment.

The President appointed the following Committees to report on the subjects named :

*Medical Chemistry* — Drs. H. E. Foote, Wm. H. McReynolds, A. E. Heighway.

*Nature and Art in the Cure of Disease* — Drs. S. O. Almy, C. T. Simpson, S. P. Bonner.

*Veratrum Viride, its Value Therapeutically* — Drs. J. A. Murphy, Wm. H. Taylor, Thos. L. Neal.

*Public Hygiene* — Drs. E. B. Stevens, Wm. T. Brown, J. A. Thacker.

*Hypophosphites and Cod Liver Oil in Phthisis Pulmonalis* — Drs. L. M. Lawson, Wm. B. Davis, B. P. Goode.

*Diseases of Cincinnati* — Drs. Wm. Judkins, C. G. Comegys, S. Bonner.

*Ophthalmology* — Drs. E. Williams, Wm. Krause, Thos. Wood.

*Obstetrics* — Drs. J. B. Smith, Geo. Mendenhall, J. A. Murphy.

*Surgery* — Drs. Wm. H. Mussey, Thos. Wood, J. P. Judkins.

*Veneral Pathology* — Drs. J. P. Judkins, Wm. H. Mussey, J. A. Murphy.

*Vital Statistics* — Drs. R. R. McIlvaine, Jos. Webb, Wm. T. Brown.

*Epidemics* — Drs. C. G. Comegys, Wm. T. Brown, Wm. H. Taylor.

*Air, Water and Places* — Drs. J. F. White, Stephen Bonner, S. O. Almy.

Dr. Charles Woodward was unanimously elected to membership.

Dr. Wm. Judkins will be the essayist at the next meeting.

### Correspondence.

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[THROUGH the courtesy of Prof. MENDENHALL, we are permitted to make the following extracts from a recent letter from Dr. CLENDENIN, which give some interesting glimpses of medical matters in Rome.—*Eds. L. & O.*]

ROME, March 9, 1860.

I arrived here on the 12th of February. Since my arrival, I have been hard at work, at the hardest of all work — sight-seeing. I have, amongst other visits, visited the hospitals, and the medical department of the University of Rome.

There are thirteen professors in the medical department. All the branches of medicine usually taught in medical colleges are taught here; anatomy, especially, is very thoroughly taught. Besides the usual course of lectures and demonstrations, an additional course is given upon External, or Figurate Anatomy. This is highly interesting, and is largely attended by the sculptors and painters of Rome. It is remarkable, that very little attention is given to the subject of Obstetrics. A respectable Italian physician informed me, that nearly all the obstetrical business in Rome is in the hands of midwives. The number of students in attendance on the lectures is generally small — rarely more than forty. There is a small botanical garden, and a zoölogical collection attached to the college. The Pathological and Anatomical Museum is small, but respectable; it contains some good preparations of the nervous and vascular systems; also, some very fine preparations in wax. This school is said to be the least advanced of any in Italy, and far behind those of Florence and Milan. Rome has not produced an eminent practitioner from its own school, and there is not a single medical journal published here; and, what is still more strange, there is not a medical society of any kind in the capital of the Christian world, with its 180,000 inhabitants. The hospitals are large and well ventilated; the wards are large, and converge towards a centre, where the altar stands under a dome. This arrangement contributes to good ventilation. The system of large wards renders the service, in general, easier and more economical.

The yearly endowment of the various hospitals of Rome amount to nearly 260,000 scudi,\* derived from lands, from grants, and from the Papal treasury : most of this large amount is administered by separate confraternities. Although with a prelate at the head, this ancient system is fraught with jobbing and abuses, and is much inferior to the French government, which is under one general board. There are eight hospitals in Rome, containing, collectively, 4000 beds. The "Santo Spirito" is the largest, consisting of the hospital proper, of a foundling hospital, and a lunatic asylum. This hospital contains, at ordinary times, about 600 medical and surgical cases ; 430 lunatics, and about 400 foundlings. All diseases are admitted, and the number of patients, annually, is about 15,000 ; the deaths average  $7\frac{1}{2}$  per cent. This small amount of mortality is to be attributed to the circumstance that a large proportion of the admissions are cases of ordinary intermittent fever. The Foundling Hospital is capable of containing 3000 children ; the number annually received is about 800. In the returns for 1856, embracing a period of five years, out of 5382 received in the hospital, 2941 died, giving a mortality of fifty-seven per cent. This is a very great mortality, especially taking into consideration the fact, that the greater proportion of the foundlings are sent out to nurse in the country. In addition to this hospital, there are several others in Rome, which swell the number of foundlings to upwards of 3000 annually. They offer such facilities for admission, that children are brought here from all parts of the Papal states. The Lunatic Asylum contains about 480 inmates, the average deaths eleven per cent. There is no poor, or workhouse, for old people, in Rome, which may be considered as one of the reasons for the excessive amount of street mendicity. There is a sort of workhouse for boys and girls ; it contains, at present, about 1,000, of both sexes. The boys are taught trades ; the girls, what is necessary for domestic service. This much of the medical news of Rome.

Of Rome I might say very much more, for the theme is fruitful and grand, but I will not occupy too much of your valuable time with my impressions of the "Eternal City." I have enjoyed my visit here very much. The many works of art, sculpture, and paintings, are too well known to you to require a description from

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\* A scudi is a little more than one dollar.

me; my anatomical knowledge has enabled me to enjoy them very fully. Michael Angelo's great work, the "Last Judgment," the grandest and boldest conception of the greatest of the old masters, is almost, like Rome itself, a ruin; it is a fresco painting, and the wall upon which it is painted is cracking and scaling off so, that the beauty of the painting is destroyed. Raphael's last and greatest work, the "Transfiguration," remains the greatest picture of the world. The "Dying Gladiator" (in marble) is the very best work of the kind in Rome; Bell, the anatomist, describes its anatomy as perfect in every respect. Bell says of the "Antinous," (a marble statue in the Capitol,) "the anatomist would look in vain to detect the slightest mistake or misconception." You can hardly imagine how much I have enjoyed these works of art.

But what shall I say to you of the Coliseum, the ruins of the many temples that once adorned the "mistress of the world," and the Roman Forum, and all the host of "ruins." The walk, from the Arch of Septimus Severus, commands a view of the Forum, temples of Vesta, Concord and Vespasian, the Palace of the Cæsars, the Arch of Titus, and the Coliseum.



*To the Editors of the Lancet and Observer.*

In the last number of your journal, Dr. Hibberd, of Indiana, has seen proper to criticise, at great length and in severe terms, an article which I published in the *American Journal of Medical Sciences*, for January last, entitled, "*Remarks on the Treatment of Inflammation, with Special Reference to Pneumonia.*"

It is not my present purpose to offer a rejoinder to the criticism, for there is nothing in it which merits a formal reply. Dr. Hibberd seeks to be severe, and is, therefore, hypercritical throughout his paper. He is full of sophisms, misstatements, and direct perversions of my paper; and, indeed, of the whole subject in controversy. He takes for granted the main points to be proved; evades some of the most important issues; perverts my obvious meaning, and then ridicules the error of his own creation; and, finally, terminates his paper with a series of forced conclusions, which are not only without proof, but are enunciated in the face of the most indubitable facts. In addition to this, the writer has found it compatible with his sense of truth and justice, to accuse



me, directly or by innuendo, of false statements, ignorance, immorality and impiety ! These are some of the reasons which place the criticism beneath a formal reply.

If your readers were in possession of my paper, I should not desire to say another word on the subject, but as this is probably true of exceptional cases only, I will offer one or two remarks bearing on the general question.

Prof. Bennett has attempted to prove, by pathological doctrines and statistical inquiries, that inflammation can not be properly treated by depletion, but that *stimulants* and *nutrients* are the appropriate remedies. But, instead of discussing the subject in its general relations, including all forms of inflammation, *pneumonia* is seized upon as affording the best illustrations of the stimulating plan of treatment. The question, therefore, has been narrowed down to very improper limits ; but, even in relation to pneumonia, it has, I think, been clearly demonstrated that, in the *sthenic* variety, some form and extent of depletion is the proper course of practice. I assumed that there were several varieties and grades of pneumonia — *sthenic*, *asthenic*, *specific*, *diathetic*, and so on ; some of which require depletion, (bloodletting, antimony, purgatives, etc. ; ) others, from their low grade, require *stimulants*, *tonics*, *nutrients*. This is, and has been, almost the universal practice of scientific physicians from the days of Hippocrates to those of Hibberd ; and it is what constitutes sound, *discriminating*, scientific practice. But Dr. Hibberd, following Dr. Bennett, declares that all this is wrong ; inflammation is not, under any circumstances, to be relieved by *depletion*, but by *stimulation* ! Hence, all cases are to be treated in the same manner ; discrimination is at an end, and the physician need not inquire into the grade of action, except it may be to regulate the mere quantity of wine, brandy, and beef tea ! This I call unmitigated empiricism, and which will doubtless be the verdict of nearly the entire profession.

Dr. Bennett claims for his opinions a scientific basis, in certain pathological views ; Dr. Hibberd admits his opinions to have had a more humble origin. The notorious founder of the *steam* system, one Thomson, promulgated the doctrine that *heat is life*, and *cold is death*, — and on this he based his red-pepper and steam system ; while Hahnemann, equally absurd, but more refined,

instituted merely a negative practice. Dr. Hibberd says, observing men soon perceived that inflammation, treated without blood-letting, did as well as when venesection was practised. He does not positively inform us whether it was Hahnemann or Thomson who shed this great light on the profession; nor is it important to inquire, for no such concessions have been made, except by a few erratic luminaries, who drew after them a limited number of satellites. It is a palpable misstatement to say that Thomson's gross charlatanism conferred any benefit, direct or indirect, on the medical profession; and the almost entire extinction of that form of quackery is evidence of its want of success. If Dr. Hibberd is right, the "Eclectics" are a sounder class of practitioners than the regular profession!

I have admitted, however, that bloodletting is not practised to the same extent now, that it was in former years; and I believe with those who ascribe this change to a modification in the type of disease, rather than improvements in pathology. Of course, the word *type* is used in its conventional sense, having reference to grade of action, and although a careless use of the term, and not in accordance with its true definition, it is the sense in which some of the best writers employ it, and, therefore, the meaning was sufficiently obvious. Dr. Hibberd's criticism on the use of this word, and the intimation that I regard typhoid fever as a variety of remittent, I pronounce totally gratuitous. The writer can not be sincere in the belief that I am unable to distinguish between typhoid and remittent fevers. But my object, in referring to this subject, is to introduce, for the benefit of your readers, the statements of Dr. James Lee, in a report on the diseases of Saratoga County, N. Y. In these statements, conclusive evidence will be found that the grade of morbid action does change, from time to time, in such a manner as to require depletion one year, and stimulation the next:

"The diseases of that period (say from 1844 to 1850,) were of marked sthenic character, and nearly all of them required active depletory and antiphlogistic treatment. Ordinary attacks of fever were often much benefited, and their course shortened, by a resort to venesection in the earliest stages. Pneumonia could not be treated with any degree of success, without a repeated resort to the lancet. So intense was the general inflammatory

excitement in this disease, that counter-irritation could not be beneficially prescribed until its use had been premised by repeated bleedings. There was emphatically, in all these cases, 'a blistering point,' and until that had been reached by proper preliminary treatment, a blister was sure to aggravate the febrile action. The *nisus ad inflammationem* occupied a considerable period, for the exudation, which is manifested by the occurrence of expectoration, did not take place until several days had elapsed. Opium and morphia had to be used with great caution in all diseases of excitement of the vascular system; and in this form of disease its use was entirely prohibited until at a late period of its course, and even then it was an agent of doubtful propriety, for not unfrequently by its use the expectoration would be arrested and the disease kindled up anew.

"Much caution, on the part of the practitioner, was required to guard the patients from the effects of all sorts of stimuli, and the majority of cases would convalesce much more satisfactorily without the use of either stimulants or tonics.

"Active evacuants had to be freely used in nearly every case, during its early stage, and often throughout its whole course.

"The blood drawn in the most simple case of fever, would often afford tokens of inflammatory action, and in pneumonia it would exhibit signs of an increase of its fibrinous constituent and red corpuscles. The clot was of good size and increased in density, and not only would it present the buffy coat, but it would also have the cupped appearance.

"Intermittents, which had formerly prevailed, especially along the courses of the streams where the alluvial deposit predominates, had entirely disappeared, and it was not my fortune to witness a single case of the genuine disease for the first ten years of my practice in this county.

"Pleurisy was of common occurrence, and was accompanied by such a state of exalted action in the circulatory apparatus, that called for the use of active depletory measures, and its treatment would afford an opportunity to the most sanguinary practitioner to satisfy his ardent cravings for blood.

"This grade of disease continued to prevail, with the usual modification, produced by local causes, the diathesis of patients, etc., until the year 1850.

“ At this period we began to observe that diseases yielded to a less vigorous treatment, and that patients who were subjected to the former course were much longer in convalescing from attacks of the same disease. Stimulus was called for in the treatment of cases where it had previously been precluded, for the vital energies of the system would often become expended before a complete solution of the disease had been accomplished, and the cases would linger until the aid of stimulants and bitters were called in, and the flagging power of the patient would almost immediately respond to their use.

“ This tendency to a lower grade of action continued to increase down to the year 1855, when it culminated in the form of an epidemic of unique character, a description of which will be given in this report.

“ In the spring and summer of that year we had more cases of bilious intermittents than usual, in the south part of the county; and all our diseases which are classed as inflammatory, lacked most of the characteristics that entitled them to be so considered, and their treatment had to be accordingly modified, and in some instances almost reversed. An ignorance of this fact, on the part of the practitioner, would be productive of great mischief, for the course pursued at the present time is not to be found in our standard works on Theory and Practice.

“ A much more moderate use of the lancet is in every case indispensable, and in a large majority of them its use is absolutely hurtful.

“ A supporting regimen and the early introduction of stimuli is imperatively demanded.

“ In pneumonia the *nisus ad inflammationem* is so much shortened, that it is highly probable that the period of exudation will have occurred before the physician sees his patient, for it is a common circumstance to find the patient freely expectorating a bloody sputa, which, however, seldom possesses that viscid character which is considered pathognomonic of this disease. \* \* \*

“ The following abstract is taken from the archives of the Medical Society of my native county, Dutchess, and will show the order in which diseases occurred in that locality, between the years 1809 and 1825. Dr. Hunting Sherill, its president, in his annual address before that Society, states, that in the year 1809

bilious intermittents and remittents prevailed, generally assuming a typhoid character. This peculiarity continued until 1811, when there was a period of comparative health. In 1812, the disease called the winter epidemic, or spotted fever, prevailed to a great extent, and with very fatal results. The grade of this disease was typhoid, or of asthenic character. This influence was felt until the year 1819, when it was followed by a sthenic grade of diseases, and this form was again overcome by those of low grade in the year 1825."

Facts similar to the above are constantly occurring, and are sufficient to convince any unprejudiced mind, that the use of stimulants and sedatives must be regulated by the condition of the patient, and not by any theoretical rules.

It may here be remarked, that the term *depletion* has been used in a sense altogether too restricted. We do not mean by it simply *bloodletting*, on the contrary, it includes the whole "antiphlogistic regimen;" and while bloodletting has fallen very greatly into disuse, (especially venesection,) the other antiphlogistics have not been equally diminished; hence practice has undergone less change than some would have us believe. Permit me, also, to offer the following extract from my paper, which is the subject of criticism, and I think it may be safely asserted, without the charge of either egotism or arrogance, that no *sound* practitioner will dissent from the main views which it sets forth:

"The question of bloodletting, in inflammation, has been discussed almost exclusively in relation to pneumonia; but, notwithstanding the evident good effects of depletion in certain forms of that disease, it is not the affection which most clearly illustrates the powers of depressing treatment. The reason of this is, that pneumonia is so exceedingly variable in its tendencies as to defy the most careful observer in his attempts to tabulate results. But, for the purpose of clearer illustrations, let us apply the same principles to other forms of inflammation, such, for example, as encephalitis, hepatitis, peritonitis, and gastritis. Would it be contended that, in a case of inflammation of the brain, characterized by a full and strong pulse, throbbing carotids, active delirium, etc., *stimulants* and *nutrients* should be employed, for the purpose of promoting cell-action? It would, probably, be difficult to find a practitioner, since the days of Asclepiades, not

excepting Dr. Bennett himself, who would not bleed in active phrenitis, cover the abdomen with leeches in abdominal inflammation, or apply cups in hepatitis. And if this be true, the same principles should regulate the treatment of pneumonia, varied according to the tendencies of individual cases. In an example of active pneumonia, occurring in a robust constitution, with full reaction, hot skin, and oppressed breathing, no physician would dare withhold depletion and substitute stimulation. The instincts of our nature, to say nothing of science, would forbid it, and the opinions of enlightened physicians would declare it *malpractice*.

"The treatment of pneumonia, I need scarcely add, must vary with its forms and modifications. Let us assume the existence of the following varieties :

"1. Sthenic pneumonia.

"2. Asthenic pneumonia.

"3. Latent pneumonia.

"4. Specific pneumonia (typhoid, miasmatic, etc.).

"5. Diathetic pneumonia (rheumatic, scrofulous, etc.).

"In these five species will be found therapeutical indications widely different ; and the discriminating practitioner will perceive the necessity of bleeding in one, of giving quinine and opium in another, while still another class will demand specific treatment. It is freely admitted that in the milder forms of pneumonia but little treatment is demanded, and certainly bloodletting may often be omitted ; but, in the graver varieties, the agents must be more active, or the patients will be destroyed by the inherent force of the disease. In the milder forms of all diseases, the *vis naturæ* may be sufficient to overcome morbid action ; in others, again, the same *vis naturæ* must be protected from the destructive tendencies of *over-action* ; while in another class, characterized by debility, the powers of nature must be sustained by stimulating agents. These are the guides which physicians, unbiased by speculative doctrines, always recognize, and which constitute the basis of enlightened practice."

And now, Messrs. Editors, permit me to close with a word of advice to yourselves and your correspondent. Scientific papers should be free from personalities. It matters not how severe the analysis of an argument or doctrine may be, for this is legitimate, and often useful ; but accusations of ignorance, improper motives,

and the use of offensive epithets, add nothing to the strength of an argument, nor do they confer beauty or force on composition. Dr. Hibberd might well have spared his epithets; they betray a feeling wholly independent of, if not antagonistic to, scientific investigation, and which is always fraught with evil. In this case, the epithets are without apology. It is true, Dr. Hibberd charges that I impugn Prof. Bennett's probity, in reference to his statistics. This is not the fact. I admitted fully the statistics taken from the records of the Royal Infirmary, and did not cast the slightest doubt on their truthfulness; but what I did criticise was this: Dr. Bennett, six and a half years before, published in the *Edinburgh Monthly Journal* cases of pneumonia to prove that bloodletting *would* cut pneumonia short, and, in illustration, he gave one example in which *crepitus* ceased, after bleeding, and the patient rapidly recovered. I remarked, in this connection, that we could not doubt either his *veracity* or his skill to diagnose, and hence it was a matter of simple observation, which Dr. Bennett's present *theory* could not subvert. But had I entered into personal accusations, it would have constituted no apology for the language found in Dr. Hibberd's paper, for *he* was not assailed. I would say, therefore, to the writer, that, in my opinion, he will enhance the value of his future labors by avoiding epithets, and by adhering to fair criticism, instead of entering into forced statements and special pleading. A fair critic will never play the attorney. And to you, Messrs. Editors, let me say, that it is wrong in the conductors of a medical journal to admit scientific articles containing offensive epithets; for criminations generally lead to recriminations, and thus what might have been a valuable scientific discussion, degenerates to an offensive personal altercation.

These remarks I submit without the slightest ill-feeling, and with the sincere hope they may serve the purpose intended. I will only add, that, should Dr. Hibberd be attacked with sthenic pneumonia, (which I trust may never be the case,) I venture the prediction that he will not be found, in the beginning, attempting to force blood into the inflamed tissues, but, like his great prototype of Edinburgh, will call in some kind disposed and sound-minded professional brother, who will, by the abstraction of a little blood, or the administration of antimony, veratrum

viride, calomel, etc., etc., relieve him from the sufferings and dangers of disease; and then, truly, the hand of Providence will *again* become a more potent teacher than statistical tables or microscopic revelations.

Very respectfully,

L. M. LAWSON.

CINCINNATI, April 14, 1860.

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### *Special Selections.*

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[From the London Medical Times and Gazette.]

#### *Biography of Claude Bernard.*

The intensely interesting and highly instructive Lectures on Experimental Pathology and Operative Physiology, which have been recently commenced at the College of France, by M. Claude Bernard, being about to appear in the columns of the *Medical Times and Gazette*, a brief notice of the labors and scientific career of their distinguished author may not be without interest for the reader.

M. Claude Bernard was born in 1813, at St. Julien, near Villefranche, in the department of the Rhone. I am unable to state exactly in what year he commenced his medical studies, but it must have been about '34 or '35, for, in 1839, he, after undergoing the customary ordeal, entered one of the Paris hospitals as "*interne*."

Two years later he became attached to the lecture-room of the celebrated Magendie, at the College of France, his position being that of "preparateur." In other words, the duty devolved on him of making all the preliminary arrangements which the proposed experiments of that distinguished professor might require.

In 1843, the youthful Bernard, after a brilliant examination, and the usual defence of a thesis, was received as M.D.; and, in 1853, he obtained the degree of "Docteur en Sciences"—no mean honor, as all those who know the severity of the test must admit.

In 1847 we find him occupying the honorable and important office of "suppleant," or substitute to Magendie, and even at



times lecturing with very considerable ability to the crowds of scientific men and students who were wont to repair to the lecture-room of that distinguished man. This office, of such high trust and responsibility, he worthily held for seven years.

The natural bias of his mind had, from the very commencement of his studies, inclined him towards physiological researches; but, alas! Bernard was not one of fortune's favorites, and his scanty means forced him to quit the field where he was destined, at a later period, to gain such glorious laurels, and to return to the domain of Surgery. He even went so far as to publish a "*Manuel de Médecine Opératoire*," in collaboration with M. Huet. Circumstances, however, having brought him in contact with Magendie, the marked taste which he speedily evinced for physiology satisfied that great man that he might one day be surpassed by the young aspirant. Fortunately for science, Magendie possessed great influence over him, and succeeded in calling him back to his less lucrative but more favorite studies of physiology.

Some short time after this backsliding—if I may be allowed to use the expression—he was called upon to occupy a position of higher importance still, and one more consonant with his independent and speculative nature than that of assistant to another could possibly be. I allude to the chair of Physiology, which had just been created, in connection with the Faculty of Sciences.

But higher honors were in store, and thick and fast did they descend on him; for we find that, shortly after having attained to the Professorship, he was elected a Member of the Academy of Sciences, in lieu of M. Roux, the eminent surgeon, whose death has just created a vacancy in that learned body.

The following year was signalised by an event which profoundly moved the scientific world; namely, the death of Magendie, whose name had been for years identified with the progress of experimental physiology, and who had by his extraordinary success earned for himself the name of "Chief of the Experimental School of Physiology of France." It was well known that the end and object of Magendie in all his teaching and investigations was the subjugation of theory to practice; and in this respect he was a most valuable guide and director to those who were disposed to follow him in his experiments. Skeptical and inquisitive by nature, he mercilessly overthrew whatever would not stand the

test of experiment. From such a master the inquiring mind of Bernard could not but take a favorable bias ; from such a man he could not fail to draw healthy inspirations. Hence we find Bernard adopting the principles of his esteemed master, and steadily and perseveringly improving and enlarging the field of experimental science — philosophically considering and investigating the normal and morbid manifestations of the animal economy and the laws of life. It was but natural to suppose that the illustrious Magendie should be replaced by his talented pupil ; and right worthily has he since filled up the blank which his master's death created, as the attentive and admiring crowds always to be seen in his class-room amply testify. It is not the orator they flock to hear ; for as a speaker we daily hear better. So rapidly do his ideas seem to succeed each other that he is often at a loss to find words to clothe them. His voice, though not harmonious, is far from being unpleasant. In stature he is above the middle size, well knit, broad-chested, of a nervo-bilious temperament — the latter element predominating. A highly intellectual expression of countenance, with a large and powerful head, give unmistakable evidence of the energy and indomitable perseverance of the man. Though not a rhetorician, in the strict sense of the word, he possesses the rare and happy talent of captivating and enchaining his audience, and inspiring them with the conviction that he is fully and completely master of the subject which he expounds.

But to take a glance at his labors, and what he has already achieved in his particular department. Almost all of his discoveries are of a highly important and practical kind ; and they have given, within the last few years, quite a new character to physiological investigation. He has not only struck out new paths, but he has roused the attention of the scientific and the learned to the reconsideration of many fundamental questions which were supposed to have been long settled, but which, in reality, had been but imperfectly established ; and he has thereby contributed much to a clearer, a more correct, and a more comprehensive appreciation of the essential functions of the animal economy. As far back as 1844, when he was comparatively a young man, and but newly entered on the field of physiological investigation, he published an elaborate paper on the different secretions of the alimentary canal, and the parts which they respectively play in the digestive pro-

cess. He had the merit of being the first to show the real mechanism of the secretion of the gastric juice, and the various changes and modifications produced by this liquid on the aliments taken into the stomach. Not less interesting and instructive are the results of his investigations into the saliva and the intestinal secretions generally, and his inquiries into the influence of the different pairs of nerves on the organs of digestion, circulation, and respiration.

But it was in the year 1849 that Bernard first laid the real foundation of his reputation as an experimental physiologist. Prior to this period the real function of the pancreas was involved in obscurity. It had been considered in the light of a salivary gland—a conclusion derived from the similarity of its structure to organs of this class. By a series of carefully conducted experiments Bernard showed most conclusively that the real function of the pancreas related to the formation of chyle and the digestion of fatty matter taken into the stomach. For this important discovery he was honored with the great prize for Experimental Physiology, awarded by the Academy of Sciences in that year.

In 1850, he made known to the scientific world his first discoveries in connection with the liver; and he showed that this organ—the principle use of which in the animal economy was believed to be the secretion of bile—had, in reality, another important function, the existence of which had been, up to this time, completely ignored by physiologists. This discovery was no other than that the liver, in its normal condition, besides secreting bile, was constantly producing sugar. To this new function he gave the name of *Fonction glycogénique du foie*. By an immense number of experiments, conducted on species belonging to three of the principal branches of the animal kingdom, he proved to the entire satisfaction of the Academy of Sciences that the blood, before entering the liver by the *venæ portæ*, contains no sugar; while that which leaves the liver, to enter the heart by the hepatic veins, is abundantly charged with this element. He further proved that this new function was intimately connected with and influenced by the nervous system, and that, by operating on the latter at certain points, an artificial diabetes mellitus can be produced at will. This important discovery, which at first met with much opposition, is now, so far as I know, an acknowl-

edged fact; and its importance, as regards the pathology and treatment of diabetes, is too evident to require remark. It follows from it, that this malady is nothing more nor less than the disturbance of a physiological function; and, that function residing in the liver, it is to this organ, and to those parts of the nervous system which influence it, that the medical man must direct his attention, with a view to its cure. For this most important and practically useful discovery, M. Bernard was again awarded the great prize for Experimental Physiology.

In 1851, his researches in connection with the great sympathetic were so highly approved by the Academy of Sciences, that, for the third time, he received the great prize in physiology. They have since been published, and are not the least interesting of his numerous productions. He shows therein, that if a section be made of any of the branches of this nerve, the temperature of the parts which they supplied is instantly and permanently augmented, and that the inverse of this takes place when the nerves of the cerebro-spinal axis are divided — in other words, that, in this latter case, there is a manifest diminution of the temperature. Further, that the section of branches of the great sympathetic, besides being followed by increased temperature, is also attended with great vascularity of the parts which these branches supply. It is easy to appreciate, in practical medicine, the great value of these discoveries, which, up to the present time, so far as I am aware, have not been controverted.

Other discoveries on the subject of animal heat, too numerous to be embraced in this notice, have also been made known by M. Bernard. His experiments, proving the elective elimination of certain substances by the secretions, and especially by those of the salivary glands, as well as his discoveries on the special functions of the spinal nerves, are fraught with intense interest and importance, as well to the physiologist as to the practical physician. Indeed, there is hardly a question in the wide domain of physiology and pathology which has escaped his attention.

Having thus touched on the leading points in M. Bernard's scientific life, we must not forget to add that he follows science for science's sake; patiently and perseveringly he toils for seven or eight hours every day in his laboratory. The world is deeply indebted to him; and, nevertheless, he is but poorly remunerated.

His two professorships — the one at the Faculty of Science, and the other at the College of France — together with the trifling sum derived from the Institute, of which he is a member, constitute in all but a modest income — not greater, perhaps, than that of a moderately busy country practitioner in England. Thus is science honored ! thus are its disciples recompensed in military and imperial France !

Before concluding this paper, it may be well to say a few words on the College of France. This institution was founded by Francis I. in 1530, at the joint solicitation of the preacher Parvi and the famous Budaens. The number of professors, which was at first but limited, amounts now to twenty-eight. These professors — or “*Lecteurs*,” as they were originally named, from their duty having been, in early times, to read classical authors to the students — give lectures on all the leading subjects in science, literature and art. One peculiarity in this college consists in the perfect liberty accorded to the teachers in their several departments. For example, the professor who occupies the chair of medicine has the privilege of teaching any one of the numerous branches of medical science. He may lecture on surgery, *materia medica*, therapeutics, physiology, or any other subject embraced under the general head medicine.

The edifice is plain, but elegant. Among other apartments, it contains some eight amphitheatres, where lectures are delivered. In several of these certain professors lecture by turn. That used by M. Bernard is exclusively set apart for the chair of medicine. It is a large square room, capable of containing six hundred students. At one side of the room, on an elevated platform, is the professor's chair, immediately in front of which is a table, some ten or twelve feet long, on which all the experiments conducted in public take place. From the front of this platform the seats for the students rise in tiers. The roof is ornamented with four frescoes, representing Hippocrates, Aristotle, Buffon and Linnæus. Elegant as is the general appearance of the room, it has a serious defect: the light, being derived from the roof, falls directly on the table, and any delicate operation, requiring close inspection, forces the professor to place his head in a position which effectually intercepts the rays of light on their way to the object under examination. In an adjoining apartment is the laboratory, which

consists of two small rooms. In that nearest the lecture-room are some small furnaces, and sundry glass cases, containing the larger instruments required for the experiments. In the centre of this room is a strong, solid table about five feet by three, perforated in sundry places, so as to permit cords to pass through it, to control the movements of the animals subjected to vivisection. The other room resembles a chemist's shop. In it are kept all the chemical and medicinal agents, as well as the smaller instruments. In one corner is a sand-bath, intended for experiments on cold-blooded animals. Beneath these apartments, and connected with them by a stone staircase, are a series of cellars, dark and dismal enough, in which are kept animals of every description—dogs, rabbits, guinea-pigs, etc., etc.,—with here and there huge basins and troughs, filled with frogs and other cold-blooded animals—all intended in their turn to be sacrificed and offered up on the altar of science. Although that part of the College of France in which M. Bernard lectures is modern, as compared with the rest of the building, still it leaves much to be desired. The laboratory is far too small; and it is a matter of wonder to those who visit it, how the professor, his immediate assistants, and his numerous private pupils, can move about in the pursuit of their studies. It is to be hoped that an amelioration, in this respect, may, ere long, be effected.

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### *Reviews and Notices.*

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A PRACTICAL TREATISE ON FRACTURES AND DISLOCATIONS. By FRANK HASTINGS HAMILTON, M.D., Professor of Surgery in the University of Buffalo; Surgeon to the Buffalo Hospital of the Sisters of Charity, etc. Illustrated with two hundred and eighty-nine woodcuts. Philadelphia: Blanchard & Lea, 1860.

All of our readers are well acquainted with the writings of Professor Hamilton, on fractures and dislocations, as they have appeared in the journals and in his reports to the American Medical Association. The present work contains much, if not all, which has appeared previously in separate papers. The book is divided into two parts.

Part First is devoted to the consideration of fractures; and

Part Second, to that of dislocations. It is a fine volume of seven hundred and forty-nine pages, printed on fine paper, and beautifully illustrated. It is rare to find an American medical work so finely executed. Professor Hamilton is eminently a truthful and practical man, and, as such, his book will be regarded by every practitioner. The labor of writing and hunting up statistics and papers, in the various journals of the country, published during the last thirty years, has been very great. The style of the author is captivating, being plain and clear, and indicates what the author truly is—a sound pathologist and a judicious, safe surgeon. No practitioner should be without this book. It should be his *vade mecum*, whenever he is called on to treat a fracture or reduce a dislocation.

Professor Hamilton has done a great work for this special department of American surgery. Foreign surgeons, who have little knowledge of the treatment of fractures and dislocations in our country, will learn, from this book, that we are by no means behind them.

For sale by George Blanchard, at \$4.25.

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A GUIDE TO THE PRACTICAL STUDY OF THE DISEASES OF THE EYE: With an Outline of their Medical and Operative Treatment. By JAMES DIXON, F. R. C. S., Surgeon to the Royal London Ophthalmic Hospital, Moorfields, etc., etc. From the Second London Edition. Philadelphia: Lindsay and Blakiston. Pp. 860.

Some of our readers, no doubt, have read the first American edition of this work with great pleasure and profit. This second edition is an improvement on the first. The design of the author, in this edition, has been "to correct and improve, rather than to amplify; the number of pages, however, will show that the present volume contains considerably more than the former one. Some of the chapters have been re-arranged, and the section on the ophthalmoscopic appearances of the retina and choroid has been re-written."

The author apologises for not giving drawings and plates of the ophthalmoscopic appearances, as it would have entirely changed the scope and character of the book. It is divided into seventeen chapters, with an appendix. The first chapter is devoted to an examination of the eye. The author gives plain and

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practical directions for the examination of the eye, such as the practitioner will not find in more elaborate treatises.

While it is important, and absolutely necessary, to examine the eye carefully in all cases, the author fails to tell us of the bad results occasioned by frequent examinations of the eyes of children suffering from scrofulous ophthalmia. We heard Mr. Wilde, of Dublin, on more than one occasion, strongly condemn the practice of forcing open the lids of the little patients suffering with this disease. He said the operation did no good, and that the state of the eye could not be changed until general constitutional treatment had been instituted for some time. The student and practitioner will, however, find much that is instructive in the first chapter. Simple as the operation is, of opening the lids, every one finds it troublesome on the first trial.

Chapter 2, We have the healthy appearances of the conjunctiva, and its various diseases, discussed. In this chapter, we have the treatment of purulent and gonorrhoeal ophthalmia given. We are glad to find such judicious treatment laid down. Our author is opposed to the excessive bleedings, in these diseases, as recommended by older authors, particularly by the military surgeons. We can not pass on without giving his language. He says: "If the treatment of purulent ophthalmia, by excessive depletion, be judged by its results, the only sure test, we shall, I think, be forced to confess that there was ample cause for trying some less violent means of cure. As far as my experience, at a large metropolitan hospital, enables me to form an opinion as to the general condition of my patients suffering under purulent ophthalmia, I should say that they are uniformly more or less depressed, with a pulse more feeble than natural, and in a state which, in every way, contraindicates bleeding, and calls for the administration of tonics. There is usually a coated tongue, with loss of appetite, and a purgative is needed at the very outset of treatment; afterward, either bark and ammonia, or quinine should be given, and hyoscyamus if the patient be restless."

Chapter 3 is devoted to abnormal states of sub-conjunctival tissue; Chapter 4, The cornea; Chapter 5, The sclerotic; Chapter 6, The iris; Chapter 7, The choroid and retina; Chapter 8, The vitreous body; Chapter 9, The lens and capsule; Chapter 10, Diseases which involve all the tissues of the eyeball; Chapter 11,



Diseases of uncertain seat ; Chapter 12, The lachrymal apparatus ; Chapter 13, The eyelids ; Chapter 14, The orbit ; Chapter 15, Operations for cataract ; Chapter 16, Operations for artificial pupil ; Chapter 17, Operations for staphyloma, strabismus, etc.

This book is all that it pretends to be—a guide to the practical study of diseases of the eye, and, as such, our readers will not be disappointed with it.

For sale by Rickey, Mallory & Co., at \$1.50.

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CLINICAL LECTURES ON THE PRINCIPLES AND PRACTICE OF MEDICINE. By JOHN HUGHES BENNETT, M.D., F.R.S.E., Professor of the Institutes of Medicine, and Senior Professor of Clinical Medicine in the University of Edinburgh, etc., etc., etc. From the last Edinburgh edition. With five hundred illustrations on wood. New York : Samuel S. & Wm. Wood. 1860.

A new edition of this valuable work has been on our table for some time, its notice delayed from month to month, in the expectation that a friend, especially fitted for the task, would prepare a careful, analytical review of the book. The lengthy communication of Dr. Hibberd, last month, and the communication of Prof. Lawson, in the present issue, indirectly places before the profession very sufficient criticisms of the peculiar views taught by the Edinburgh Professor in his work. We therefore feel that little more is now necessary than to present a brief bibliographical notice of this a new edition.

We can not, however, resist the desire to express, in this connection, our conviction that, aside from any peculiar teachings of the author, he has presented one of the most attractive and really useful books on clinical medicine of the day. Take, for instance, the first section of the work—the *Examination of the Patient*—how systematic is the arrangement ! and how gradually and progressively the reader is conducted through the various steps—Inspection—Palpation—Percussion—Auscultation—The Use of the Microscope—Chemical Tests—and then, as you progress in this nicely arranged study, how beautifully the illustrations demonstrate the teachings of the context !

The work meets with a rapid sale, and has already commanded a large share of the attention of the profession. Prof. Bennett is an earnest, arduous worker in the profession ; and with his long clinical experience, his opinions are certainly worthy of

confidence and respect. He is amongst the men who have been real contributors to medical science during the past quarter of a century. We commend this work to our readers: they will find in it very much that is suggestive — very much that is positively practical and directly available.

For sale by Rickey, Mallory & Co. Price \$5.50.

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CLINICAL LECTURES ON THE DISEASES OF WOMEN AND CHILDREN. By GUNNING S. BEDFORD, A.M., M.D., Professor of Obstetrics, the Diseases of Women and Children, and Clinical Midwifery, in the University of New York. "*Medicus curat morbos, natura sanat.*"—HIPPOCRATES. Sixth edition, carefully revised and enlarged. New York: S. S. & W. Wood. 1860.

Dr. Bedford's book on Diseases of Women and Children has only been before the profession about five years, and yet in that time it has met with so rapid a sale as to demand now this sixth edition, a result which must be exceedingly gratifying both to author and publisher. From time to time, these several editions have been fully noticed in this journal, and we have therefore little to add beyond the announcement of this sixth edition. Some new matter in the revise is given, and one or two additional lectures not heretofore incorporated. To such of our readers as have not had their attention drawn to these *Clinical Lectures*, we will only say that the volume contains a large amount of valuable matter, and is well worth a place in the library.

For sale by Robert E. Clarke & Co. Price \$3.25.

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### Editor's Table.

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*Death of Prof. Charles Frick, of Baltimore.*—It is now just about one year since a friend, who is an occasional and very acceptable correspondent of this journal, visited the city of Baltimore, and, as our readers may remember, addressed us a letter upon some of the more prominent medical matters and medical men of that city. Incidentally the name of Dr. Charles Frick was mentioned, in a more than ordinary and passing compliment, and spoken of as one of the professional attractions of Baltimore. We deeply regret to be compelled to announce the death of this

distinguished gentleman from the prevailing epidemic, diphtheria. The *Virginia Medical Journal* quotes the following notice of his death from the *Baltimore Patriot* of March 26th :

"It becomes our painful duty to announce the death of Prof. Charles Frick, a member of the Faculty of the University of Maryland, School of Medicine, and a physician of great promise, which took place yesterday afternoon, at his residence, 103 Park street, after a short illness, from a disease known as diphtheria, a throat affection. Prof. Frick had been unwell since Wednesday of last week, with a soreness of the throat. About 3 o'clock yesterday morning, the disease assumed a threatening character, and Dr. Miltenburger, the associate of Prof. Frick in the Faculty, was sent for, and performed the operation of tracheotomy, the opening of the wind-pipe, which gave some relief; but medical skill was of no avail, and between 12 and 1 o'clock yesterday afternoon, he expired. Prof. Frick had not yet attained the prime of life, being only about 37 years of age. He graduated, with distinguished honors, at the University of Maryland, and was called to its Faculty about two years ago. Previously to this he held a similar position in the College of Pharmacy. He was a son of the late Judge Frick, of this city, and leaves a widow and one child. This morning a meeting of the students of the University of Maryland was held, for the purpose of taking some appropriate action in reference to this sad event."

Prof. Frick had already made his name familiar to the profession of this country as an earnest student, and those who know him all unite in the testimony that he was a true physician and a noble-hearted man.

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*Another New Medical School.*—We learn from a private letter from our friend Dr. C. A. Logan, of Leavenworth City, that a medical school has been announced there, with the following name : "Medical Department of the Baker University." The Faculty is composed of the following gentlemen :—Descriptive and Surgical Anatomy, J. F. Smith, M.D.; Theory and Practice of Medicine, —; Principles and Practice of Surgery, M. S. Thomas, M.D.; Obstetrics and Diseases of Women and Children, C. A. Logan, M.D.; Materia Medica and Therapeutics, H. Griffin, M.D.; Chemistry and Toxicology, T. Sinks, M.D.; Institutes of Medi-

cine, W. Booth Smith, M.D.; Medical Jurisprudence and Sanitary Science, G. W. Hogeboom, M.D.; Clinical and Operative Surgery, I. L. Weaver, M.D.; Clinical Medicine, C. J. Lee, M.D. Dr. Logan is the Dean of the Faculty.

We wish our friends success, and have no desire to discourage them; we trust, however, that they have ciphered up the cost and labor, particularly in their latitude. As Kansas will very soon pass into the confederacy of sovereign states of our great Union, we see no reason why she should not have a medical school; truth, however, compels us to say, that our friends must expect but little, work hard, and stick together through good and evil report, and, as years roll by, they may achieve a success.

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*Singular Effects of Snake Poison.*—We cull the following details of a somewhat singular case, from a private letter from Dr. Sweeney, of Rushville, Ill. It was laid aside for use in this way at the time of its reception, some months ago, but by accident mislaid. He writes: "Mr. DeCamp, of this county, was bit by a copper-head snake, in the State of Pennsylvania, thirty years ago; he was treated at the time by his neighbors; whiskey was the only remedy used. His health, from the time of his recovery from the effects of the bite, was pretty good till 1857 — about the same time of the year he was bitten — when he broke the skin on the back of the hand that had been bitten so many years ago. Inflammation set in, with pain, uneasiness of the stomach, delirium, and spots over the general surface the color of the snake. Remedies were tried, without relief. It was suggested to him by a friend, on seeing the spots on the skin, to try the 'whiskey practice.' By its free use he was soon relieved of the general symptoms, but still experienced slight uneasiness in the whole arm; and particularly the middle fingers of the hand, which had originally received the injection of the snake poison, till the winter of 1858, when contraction of the fingers came on, with pain through the whole course of the arm, and to the chest. The general health became bad, but has since greatly improved. The fingers remain contracted, and the whole arm much weakened. I was approached by the family for advice, but I had none to give; and would be much obliged to have remedies suited to this case pointed out, through the *Lancet and Observer*."

*Meeting of the State Medical Society.*—We are pleased to learn that there seems a general interest prevailing throughout the State in regard to the meeting of our State Medical Society this year. The delightful location selected for this year's gathering, and the prospect of general reports from the most important committees appointed, will doubtless make this the largest assemblage we have had for several years. We suggest that our medical brethren make this a regular holiday time — lay aside for a few days all care for pills and patients, and take their wives with them up to the White Sulphur Springs, enjoy the bountiful hospitality of friend Wilson, and come home excellently renewed for the remaining labors of the season.

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*Prof. Austin Flint, Jr.*, — has resigned the professorship of Physiology and Microscopical Anatomy, which he has recently filled in the New York Medical College, and has accepted the same chair in the New Orleans School of Medicine. This appointment takes to that flourishing school both father and son, Drs. Flint. This appointment also implies several changes in the New Orleans School, but only changes of crystalization, not of elements. Prof. Peniston is transferred from Physiology to Anatomy; Prof. Beard from Anatomy to Surgery; and Prof. Choppin from Surgery to a new chair styled Clinical and Operative Surgery.

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*New Publications.*—We see notices of several new works, and new editions of old ones, going the rounds of our exchanges, of which, however, the following, we regret to say, have not reached us: a new edition of Draper's Physiology, by Harper & Brothers; a new edition of Beck's Medical Jurisprudence, by J. B. Lippincott & Co.; an Epitome of Braithwaite, by Dr. W. S. Wells, and published by C. S. Evans, 114 Fulton street, N. Y.; Part III. of Carnochan's Contributions to Surgery, by Lindsay & Blakiston; Clinical Lectures on certain Acute Diseases, by Dr. Todd, and published by Blanchard & Lea.

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*Elwell's new Work on Malpractice.*—In noticing this excellent book last month, through inadvertence we omitted to state that it was to be had in this city, at the General Miscellaneous and Law Book Store of Robert E. Clarke & Co. Price \$5.00.

*A Witty Hoosier.*—Dr. Monroe, of Seymour, Ind., edits a political newspaper and practices physic—two rather incongruous pursuits, we would fancy; nevertheless, there is an extensive penchant for politics in the ranks of medicine, and doubtless Dr. Monroe has quite as good a right to indulge in that direction as anybody else. Occasionally the Doctor ventures to mix up medical paragraphs with other items in the general assortment of a country newspaper. The following hit at Dr. Goldsmith, of Louisville, will bear repeating:

“The objections pointed out by Prof. Goldsmith to the use of the trephine in fractures of the skull,—to-wit, that it sacrifices too much bone—will strike every surgeon who has had occasion to use this instrument as sound and forcible. From our experience with the trephine, we pronounce it a ‘bore;’ nor does it always ‘anger’ well for a broken head.”

And then—“insatiate archer!”—we find that one hit does not suffice, so we have a second touch in the same vein:

“Prof. Goldsmith has an article in the last number of the *Louisville Medical Journal* deprecating the use of the trephine in fractures of the skull, and insisting upon the use of a chisel. We thought our distinguished preceptor, from whom we have received so many valuable lessons upon surgery, was too honorable and high-minded to ‘chisel’ anybody.”

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*Revision of the United States Pharmacopœia.*—It will be seen from the following circular, signed by Dr. George B. Wood, that the Convention for Revising the National Pharmacopœia, will be held at Washington City, on Wednesday, the 2d of May inst.

“The following appointments of delegates to the Convention for revising the Pharmacopœia, to meet at Washington on the first Wednesday in May next, having been duly made known to me, are hereby announced in compliance with a provision of the Convention of 1850:

From the Massachusetts College of Pharmacy, Messrs. Theodore Metcalf and Charles T. Carney; from the New York Academy of Medicine, B. W. McCready, M.D., E. H. Davis, M.D., and E. R. Squibb, M.D.; from the College of Physicians of Philadelphia, Geo. B. Wood, M.D., R. P. Thomas, M.D., and Robert Bridges, M.D.; from the University of Pennsylvania,

Jos. Carson, M.D., R. E. Rogers, M.D., and Jos. Leidy, M.D.; from the Jefferson Medical College, of Philadelphia, Franklin Bache, M.D., and T. D. Mitchell, M.D.; from the Philadelphia College of Pharmacy, Messrs. William Proctor, Jr., Edward Parrish, and Alfred B. Taylor; from the Medical Society of the State of North Carolina, Wm. George Thomas, M.D., Peter E. Hines, M.D., and Edward Warren, M.D.; from the Medical Society of the State of New York, Drs. E. R. Squibb, Howard Townsend, and Caleb Green; from the College of Pharmacy of the city of New York, Messrs. Wm. Hegeman, Alex. Cushman, and John Meakim; from the Faculty of Physic of the University of Maryland, Professors Samuel Chew, Charles Frick, and Wm. E. A. Aikin; from the Maryland College of Pharmacy, Messrs. G. M. Andrews, Israel J. Graham, and Alpheus P. Sharp; and from the Cincinnati College of Pharmacy, Messrs. E. S. Wayne, W. S. Merrell, and W. J. M. Gordon.

“By order of the Convention of 1850.

“GEORGE B. WOOD, *President*.

“PHILADELPHIA, *February 14, 1860.*”

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*Our Receipts—with a Hint.*—The *Lancet and Observer* is in the enjoyment of the largest circulation it has ever reached; and while we feel gratified with such substantial evidence of the good will entertained towards us and our publication, we have to express our regrets that our *cash receipts* do not keep due pace with our increased subscription list and consequent increased expenditures. Many of our old reliable friends are unusually behind time, and we have still permitted a few new names to go on our books without advance payment. The year is rapidly progressing, and we trust this word to the wise, as a word to those we regard our friends, will be considered sufficient.

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*Prof. Geo. B. Wood.*—We learn from the *Medical and Surgical Reporter*, of Philadelphia, that Prof. Wood is about to visit Europe; and it is proposed by the profession of that city to tender him the compliment of a public dinner, before his departure.

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*Married*—In Cincinnati, on the evening of April 2d, by the Rev. D. W. Clark, D.D., WILLIAM B. DAVIS, M.D., and Miss FANNIE R. CLARK.

## Editorial Abstracts and Selections.

### PRACTICAL MEDICINE.

#### 1. *Experiments with Vaccine and Variolous Matter on Cows.*—

The *Boston Medical Journal* contains an interesting article upon this subject, by Dr. Cutter, of Woburn, Mass. The object of the writer is to show, by fifty experiments performed on cows, that vaccina is not a form of variola, or cow-pox modified small-pox. This was inferred from the unsuccessful attempts to produce a normal vaccine pustule, by inoculation with fresh variolous matter; *while upon the very same animals, by vaccination with the virus in ordinary use, the normal vaccine vesicle was always produced.*

In the experiments instituted, three modes of introducing the variolous matter into the kine were made: 1. By quills, and puncture with lancet. 2. By rubbing the charged points of quills upon abrasions of the hairless cutis. 3. By introducing, in the form of setons, threads charged with the variolous virus.

The latter being the easiest, most expeditious, and most certain way of inoculating or vaccinating kine.

*Vaccination* on the cow was practised in the following ways: 1. By setons; that was tried twice, and was not successful. 2. By quills; these, if fresh, generally succeeded. 3. By pricking into abrasions of the cuticle with a lancet portions of a scab dissolved in water, until it is of the consistence of thick paste. This was uniformly successful.

Vaccine pustules were produced on the cow by vaccine virus from the human subject, as easily as on a child.

Dr. C. does not believe that the vaccine virus directly from the cow, is better than that which has been repeatedly transmitted through the human subject, and has not been, in his experience, more certain in producing the characteristic vesicles.

2. *A Characteristic Sign of Typhoid Fever.*—M. Sapolini describes a characteristic sign of typhoid fever, even when arriving at convalescence. It consists in a peculiar pulsation of the carotids. A large arterial wave occurs first in the artery, rapidly followed by a second less voluminous, then by a third, which is suc-



ceeded by a moment of pause. This inequality, and the sensation of interrupted *frémissement* under the fingers, are very constant and easy to verify, according to M. Sapolini.—*London Lancet*, March 3, 1860.

3. *Chloroform in Sleeplessness.*—Fonssagrives recommends (*Bull. de Thér.*, lvi., p. 401) five to ten drops of chloroform, in mucilaginous mixture, in agrypny, when opiates are ineffectual or contra-indicated.

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#### SURGICAL.

4. *Acupressure.*—Attention having been lately called to this new method of arresting hæmorrhage, we were interested to learn that in the year 1858, Dr. J. M. Carnochan, of New York, employed it successfully in a case of hæmorrhage from a wound on the left side of the forehead, in a boy with the hæmorrhagic diathesis. The wound was received while playing, and extended about two inches upwards and backwards from the superciliary arch, complicating some of the anterior branches of the temporal artery, and detaching the scalp considerably from the cranium. After resorting to various modes of compression without success, Dr. Carnochan says, in the *American Medical Gazette*, that he—

“Selected two long suture-needles, slightly curved towards the point. Feeling with the forefinger of the left hand for the artery, where it passes over the zygoma in front of the ear, I dipped the point of the needle through the skin and other tissues, about three lines to the right of the course of the vessel, and carried on the needle below the artery, directing the point so as to emerge through the integuments, at a corresponding point on the left side of the vessel. This done, I made a figure-of-8 around the needle, in order to increase the compression already effected on the vessel by the position of the needle. The same procedure was carried out on the opposite side, in order to intercept the anastomosing circulation.

“The wound was now cleansed, and filled with dry lint; compresses were laid over the lint, and the dressing completed by the application of Barton’s bandage.

“Entire success followed the compression of the artery thus effected by the needles. The patient rallied under the use of cordials and tonics; the needles were removed from the arteries on

the fourth day ; the wound granulated and healed kindly, and in four weeks he was discharged as well."

Dr. C. further states that he recently "had an opportunity of applying this method to the arteries of a bleeding stump, after amputation, and with a very satisfactory result. The case was one requiring amputation of the right foot, at the tarso-metatarsal line of articulation. The operation was performed by making a semi-lunar flap on the dorsal aspect of the foot, a little in front of the tarsus. The flap was then dissected backward, and the dorsal and plantar articular ligaments, between the tarsal bones and the metatarsus, severed completely. The foot being held horizontally, the narrow knife was slipped under the tuberosities of the first and fifth metatarsal bones, and carried forward, grazing the lower surface of the metatarsal bones, so as to make a flap of sufficient extent to cover the exposed stump. The anterior tibial, external plantar, and internal plantar arteries bled freely, and three smaller vessels, also, afforded blood enough to require their obstruction. Regarding this as a favorable opportunity to test the effect of acupressure in amputation, to arrest the bleeding from the anterior tibial, the point of a steel shawl-pin, with a metallic head, and about four inches long, was passed slantingly to the depth of half an inch into the tissues, at about an inch and a half from the course of the artery on the side nearest ; and having passed onward, was made to emerge about a line from the artery. The pin was next directed over the trunk of the vessel, about a quarter of an inch from the bleeding orifice, and again dipped into the tissues on the other side of the vessel, about a line distant from it. The pin was then still pushed through the tissues for about an inch and a half, and again made to emerge onward for an inch. The compression on the artery was complete, and it ceased to bleed. The external plantar artery was next treated in the same manner, and with a similar result, as well as the internal plantar and the other vessels which would have required the ligature. In these last-mentioned arteries, not having at hand acupressure needles of suitable length, short suture-pins were employed ; tying a piece of thread to the head of each, in order that they might be pulled away at the proper time. In securing the anterior tibial artery, it was not thought necessary to pass the pin through the integuments, as Professor Simpson

recommends. The flaps were now brought together by points of suture, and the long pins and threads attached to the shorter ones left between the lips of the line of union. The pins were removed on the seventh day. Since the operation, the patient has been most comfortable, and without the slightest evidence of secondary hæmorrhage."

Judging from the results obtained in the cases above related, Dr. C. expresses himself as having "no doubt that acupressure will become a distinct and established method for arresting hæmorrhage in operations; and that, although it may not supersede the use of the ligature, it will, in many instances, supplant its use, as being more simple and equally effective, and as less likely to interrupt the primary union of wounds."

He justly adds, in conclusion, that "the celebrated Edinburgh Professor merits the thanks of the profession for formulizing 'acupressure' into a distinct method."

5. *Extraction of a Fragment of a Silver Catheter from the Bladder, by the Operation of Lithotomy.*—Rev. Mr. J., while hastily performing on himself the operation of catheterism, which, on account of an old stricture, he is obliged daily to practice, broke the instrument within the urethra. As the catheter could not be felt in the course of the urethra, it was evident that the broken end had slipped into the bladder, and the operation of lithotomy for its removal was immediately determined upon.

This was the third accident of the kind which had happened to the same patient. On the first occasion, I removed the fragment from the urethra by perineal section. At the second similar accident, two months ago, the patient complained for a few hours of severe pain, but which then entirely subsiding, it was believed the piece, instead of receding into the bladder, had escaped unnoticed from the urethra, and fallen to the ground.

The catheters which were in such frequent use by the patient, had evidently become so attenuated by the oxidizing properties of the urine, that when roughly forced into the bladder, in the haste to relieve it, they were easily broken.

The operation performed for the extraction of the fragment was the lateral method, performed by cutting down on a staff in the usual manner. Through a small opening made in the prostrate

gland, forceps were introduced, and a body at once seized, which, on being drawn out, proved to be the piece of catheter lost in the bladder at the second accident, two months previously. It was blackened, and covered with dark, clotted blood. The piece, which had been the object of the operation, was with difficulty extracted, on account of the rough, broken end catching in the folds of the collapsed bladder. It was five inches in length.

The patient is now, six days after the operation, doing well, and I have ordered made for him a strong gold catheter, to insure him from another repetition of this dangerous accident.—Dr. JAMES ROBERTS, Carbondale, Ill., in *Med. and Surg. Reporter*.

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#### OBSTETRICAL.

##### 6. *Cases and Reflections on the Use of the Gum Elastic Air Bag.*

—I was called to see a patient in consultation with Dr P., who was suffering with symptoms of impacted pelvis, caused by retroversion of the uterus, viz.: retention of urine and feces, tenesmus of very distressing character, vomiting, irritative fever, great restlessness, etc. Her symptoms had been gradually increasing for three weeks, until they had become intolerable to her, and alarming to her friends and medical attendant. Two unsuccessful attempts had been made to replace the uterus. I found the pelvis literally crammed with that organ, pregnant nearly four months. There was hardly room to pass the finger up behind the symphysis pubis, and a little to one side. She complained of excruciating pain upon every touch, and declared she could not bear any manipulation for the rectification of the displaced organ.

We could not induce her to take a favorable position on the bed, and I operated while she was sitting on the lap of a female friend. I insinuated my fingers along the perineum, coccyx and hollow of the sacrum; gently, but firmly, pushing the tumid uterus upward and backward along the curve of the sacrum, far as I could reach. Holding it in this position, I introduced my colpeurynter, empty, as far up along the sacrum as I could make it go, and held it there until Dr. P. inflated it. Air was driven into it, until it was the size of a large hen's egg. I then pressed it thus inflated, up high as I could reach, and again had more air thrown into it, until it had increased to nearly double the size after first inflation. Pressing it still upward and backward firmly

against the upper part of the sacrum, the fundus suddenly slipped above the promontory, and placed itself into the natural position. I could then pass my fingers freely across the pelvis in any direction, and feel the os uteri occupying its centre.

The whole operation did not last longer than ten minutes, apparently was not attended by any increase of suffering, and was not succeeded by any bad symptoms. The patient expressed the relief she felt in the strongest terms immediately after the operation, and passed a large quantity of urine. She carried her child to full term, and did very well in every respect.

I prefer the elastic bag, as an extension to my fingers, to any solid instrument, because its soft, airy elasticity defends the uterus from contusion, and in this case it proved very effective. I think this manner of using it very much better than passing it into the rectum—as recommended by some authors—and then inflating it. The painful distension of the rectum by the expansion of the instrument, I should think would be horrible, if carried to such an extent as to lift the uterus above the pelvic brim, and I think the bag would operate to less advantage than if properly managed in the vagina. In using the elastic bag, it should be moved high as possible along the hollow of the sacrum, with the fingers first, and then the bag, *empty*, placed well against the sacrum, and up against the fundus uteri, and carried up, pushing the uterus before it while it is being inflated. It should not be inflated larger than merely to afford an extension for the fingers, and not so as to anywhere nearly fill the pelvis. We should then move it upward and backward, inflating and raising at the same time, until the fundus uteri rises above the promontory of the sacrum. The air should then be allowed to escape, and our instrument withdrawn. Too great an inflation will fill up the pelvis too much, and the impinging points of this medium of power will be too numerous and diffuse to be efficient, as our force should be as near the anterior surface of the sacrum as possible. When not bound down by adhesion, or it has not already acquired too great a size to raise through the superior straight, this mode of operating need not fail to replace a retroverted uterus.

A good and sufficient substitute when the elastic bag could not be procured, is a strong beef's or hog's bladder. By tying a small reed, a foot or eighteen inches long, into the urethral canal

we could inflate this natural bag sufficiently for use while in the vagina.

The gum elastic bag is being used for many purposes about the pelvis. It makes the best tampon for hæmorrhage in cases of abortions in early pregnancy, and placenta prævia in the later stages of this condition. While checking the hæmorrhage in these cases, it excites the uterus to contraction. In consequence of this last effect it is better not to use it where there is any hope of saving the foetus from expulsion. It acts admirably as a pessary in prolapsus uteri, where this affection is so bad as to be unmanageable by any other sort of mechanical contrivance. An instance of this kind occurred not long since in the practice of a friend of mine—a man of forty years' experience in the profession—in which the uterus, as I witnessed myself, was expelled beyond the vulva, making a tumor four inches long, the os being the most dependent part.

Every kind of pessary and other device which could be thought of by any friend and others with whom he consulted, failed to retain the organ in the pelvis more than a few moments at a time. Soon as she raised herself up and walked about, the instrument and uterus came tumbling out together. After returning the uterus, the colpeuryter was introduced high up, and inflated till it produced slight uneasiness from distension. This retained the uterus in place for several hours, but so lax were the external soft parts that it also escaped. She now wears it with great comfort to herself by using a T bandage over the vulva. This bandage could not be made to retain any other kind of pessary in place, which plainly showed the advantage of this.

I see, since the above was written, some interesting observations in the last number of *Braithwaite's Retrospect*, in respect to the use of the air-bag. From it, and observations of others, we are justified in using the bag as a plug in hæmorrhage from the nose, anus, etc.—*Prof. Byford, in Chicago Medical Examiner.*

7. *Fracture of the Skull in Natural Parturition.*—M. Lizé mentions, in *L'Union Médicale*, a very interesting case of a young woman, aged twenty-four, who was three days in labor, and who was delivered without instruments, after great efforts on her part. The child was dead, and the parietal bone on the left side fractured.

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CONDUCTED BY

E. B. STEVENS, M.D., AND JOHN A. MURPHY, M.D.

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**Original Communications.**

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**ARTICLE I.—***Climate and Cold: Their Influence in producing Pulmonary Consumption.* By A. P. DUTCHER, M.D., Enon Valley, Lawrence County, Pa.

Cold has ever been regarded as one of the most prominent of the incidental causes of pulmonary consumption. How far this opinion is true, we can not positively determine. This is owing to the fact that other causes and influences are so commonly found in combination, that it is impossible to detect the real one. That cold ever originates pulmonary tubercles is very doubtful. The developments of recent pathological investigations prove very conclusively that tubercle is not the offspring of inflammation, but is a degenerated product eliminated from the blood, of an imperfect vitality or organizability, so that when deposited, instead of being assimilated to the textures and contributing to healthy nutrition, it becomes a source of irritation, and ultimately a chief means of their dissolution. This state of the blood is not induced by cold.

Individuals sometimes have some of the general symptoms of phthisis after exposure to cold, and die with an aggravation of them. The case is set down as phthisis, and we would never know any better if it were not for the revelations of pathological examinations.

Several years ago I saw an individual who was said to be a victim of consumption — at least, his case had been pronounced

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such by two distinguished physicians. He had some of the general symptoms and physical signs of the disease ; the latter, however, were not very pronounced. After death we examined his lungs, and there was not a tubercle in them : they presented nothing but the marks of pneumonia — grey hepatization and purulent infiltration. These are the products of inflammation.

When tubercles are latent, however, they may be developed more quickly by the influence of cold, and the inflammation which it causes. But it remains yet to be proved that individuals who have suffered from pneumonia are more predisposed to pulmonary tuberculosis, than those who have not.

“ In eighty cases of phthisis,” says M. Louis, “ where we have carefully endeavored to learn the disease existing anteriorly to the tubercular affection, three had pneumonia four years before death, and from that time the cough and expectoration had continued ; four had the same disease three, six and fifteen years previous to the appearance of the first symptoms of phthisis, without having incurred greater liability to colds during the same period, or having been subject to dyspnœa. All were of feeble constitution, of the lymphatic temperament — that is, they presented those characteristics which physicians have classed among the principal predisposing causes of phthisis. These observations mutually destroy one another in reference to the point under consideration, and therefore all that we can deduce from them is, that pneumonia exerts no influence in the development of phthisis.”\*

I have for a long time been of the opinion that cold is not a cause of pulmonary consumption, because, if such were the fact, we would find it more frequent in cold than warm countries.

Let us examine this subject briefly. At Stockholm, the capital of Sweden, *sixty* persons out of a thousand die of consumption ; at St. Petersburg, Russia, *sixty-six* in the same number. These cities are in a northern climate, where the winters are extremely cold. At London and Paris about *two hundred and thirty-six* die out of a thousand. The climate of these two cities is mostly temperate, but variable. In the city of New York the total mortality for 1854 was 28,458 ; of this number consumption furnished 2990. In Philadelphia the mortality for the year 1855 was 10,457, of which 1327 were from consumption. The climate of these cities is changeable, but for the most part cool. In nearly all our south-

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\* Louis on Phthisis, page 438.



ern cities consumption causes about one-fifth of the mortality, and in the city of New Orleans it is a fraction over this. In the West Indies, where the climate is very warm, this disease is very common, constituting a large mortality, particularly among the negroes, one-half of whom it is said die of this disease; and in the East Indies a considerable number of the natives fall victims to this disorder.

If, then, consumption originated from cold, we would naturally expect it to be more common in a northern than a southern climate. We would see a greater mortality from it in Stockholm and St. Petersburg than in London or New York, and more frequent in these places than in some of the cities of the West Indies. But such is not the fact. This disease is fearfully common even in warm climates. Hence we infer that locality has more to do with the production of consumption than temperature. Thus we find it more common in large cities than in small ones, and more frequent in the latter than in the country. It is more common on the seaboard than inland. The statistics of the United States army show that the number of deaths from this disease at maritime stations are more than double to what they are further inland. Places surrounded by water, or valleys verdant by flowing streams, are more productive of this scourge of humanity than dry, mountainous regions. Therefore we find it very prevalent all along the Ohio River and its tributary branches. Death appears to have no arrow in his quiver so fatal as this.

The winter of 1858-59, it will be remembered, was very mild; yet it was exceedingly damp. From the first of November until the first of March there was scarcely a week but it rained more or less. During this time there were twenty-two deaths in this vicinity, (embracing a population of thirty-five hundred,) and seventeen out of that number died with pulmonary consumption. Such mortality is out of all proportion from the disease in other years. We can not, therefore, attribute it to anything else but the prolonged humidity of the atmosphere and its tendency rapidly to develop pulmonary tuberculosis in those hereditarily predisposed. At the present time (December, 1859,) I do not know of a single case of consumption in this vicinity; and if it should remain cold and clear, we will not in all probability see a case this winter. In the spring, when pneumonia is prevalent, it will perhaps bring to light a few latent cases.

Writers have generally regarded the seasons as exerting a great influence in the production of consumption. Autumn has for a long time been regarded as the most fatal period. How far this opinion is correct, we can not positively determine ; but of 12,668 deaths from consumption occurring in some of the large European cities, the proportion in the different seasons was as follows :

Autumn . . .	3001		Spring . . . .	3482
Winter . . .	3109		Summer . . .	3076

From the report of the Philadelphia County Medical Society for 1856 we have compiled the following :

Whole number of deaths from consumption during the year, 1227.

Autumn . . . .	288		Spring . . . .	391
Winter . . . .	345		Summer . . . .	203

By the above it will be seen that the mortality from the disease is greater in the spring than at the other seasons. But the result deduced from these tables is not positive : others may show a different conclusion. They, however, are in harmony with my observation.

From what we have now written I think we may safely conclude, that, so far as climate or changes of the season are concerned, they have but little influence either in producing or retarding pulmonary consumption, and that those who are seeking a remedy from these influences are pursuing a phantom. It has been exceedingly common in this country, for several years, if a man has injured his health by too high living and a sedentary life, to order him forthwith to Europe. And if we have threatening symptoms of consumption, he is ordered to the South of Europe. This is still regarded by many physicians as the happy clime which, once reached by a consumptive invalid, is sure to make his disease disappear and restore him to perfect health. But if we compare the number of those who go there to deposit their remains with the number who visit there actually diseased, and who return with improved health, we will find but small encouragement to recommend our patients to leave their own country.

Dr. James Johnson, in his treatise on "Change of Air," says in relation to the climate of Italy : "The very circumstance, in

short, which forms the charm, the attraction, the theme of praise, in the Italian climate, is that which renders it dangerous, because deceitful — the long intervals of fine weather between vicissitudes of great magnitude. This is the bane of Italy, whose brilliant suns and balmy zephyrs flatter only to betray. They first enervate the constitution, and when the body is ripe for the impression of the *tarmontane*, that ruthless blast descends from the mountains on its helpless victim, more fierce and destructive than the outlawed bandit on the unsuspecting traveller."

After remarking upon the humidity of the atmosphere, he says : "Northern strangers, and more especially invalids, unaccustomed to a genial atmosphere in the depth of winter, sally forth to enjoy the glorious sunshine or the resplendent moonlight of Italy, and like the Grecian shepherds,

" ' Exulting in the sight,  
Eye the blue vault, and bless the cheerful light.' "

"But they have too often reason to curse, in the sequel, the seductive climate of this classic soil, which mingles the poisonous miasma with the refreshing breeze, and thus conveys the germ of future maladies on the wings of fragrant zephyrs."

We have in North America, in the United States, all the variety of climate that is to be found in the world ; and if there be one spot on this globe more likely to prove serviceable to consumptives than any other, it may be met with here. Notwithstanding the boasted superiority of Southern Europe, to prefer our own country as an asylum for the distressed — as well as the oppressed — of all nations, may be considered as little short of heresy ; and to say aught against the good opinions of those who think that every good thing in the world must have its origin and prototype in Europe, may, in this enlightened age, be deemed illiberal at least, or incompatible with common sense.

There is an extensive district bordering upon the extreme south of the United States which undoubtedly, in point of salubrity and adaptation of climate, must equal, if not surpass, any other country on the globe as a residence for consumptives. I refer to the State of Texas ; and if the reports of travellers speak truth, this region will yet be the paradise of the world—at least so far as its geography and climate are concerned.

"In Texas," says a recent writer, "nothing is reserved for a

hungering, lingering winter : all goes to market, for *summer is perpetual*. Two gardens are common — one for spring and summer, another for fall and winter. One distinctive characteristic of this beautiful country is its exemption from swamps and stagnant pools. The land invariably ascends from the water-courses, and rising to moderate eminences, precludes the formation of swamps or putrid pools to any extent. This is probably one efficient cause of the singular purity, elasticity and equality of the atmosphere. While the midsummer air of Louisiana is encumbered with moisture and surcharged with noxious miasma, the pure air of Texas is refreshed and renewed by lively breezes from the ocean, rolling over a dry, verdant, varying surface, and imparting health and vigor to all that inhale them."

Here, then, is a country where perpetual summer smiles, and where the flowers are constantly blooming, and the fields arrayed in their richest green. Here, too, is an "equable atmosphere," sufficiently warm and moist in the winter months, and not loaded with moisture and poisonous effluvia in the summer. Nothing in the south of Europe will compare with this.

But, as has been already remarked, the consumptive is not to depend upon changes of climate alone for benefit. He must diligently employ all the varied means of health within his power ; such as due attention to diet, sleep, bathing, exercise, clothing, and such medication as the peculiarities of his case may require.

"We can not but think," says Dr. Flint, "that the confidence placed in change of climate, by physicians and patients, has, on the whole, an unfavorable effect on the successful treatment of the disease. It is too often the case that a special influence from climate is expected, and consumptives imagine they have only to go and passively receive the benefit imbibed from the atmosphere of the favored spot they have selected. Nothing can be more groundless than such an expectation ; and it does harm by taking the place of those rightly directed efforts as regards diet and exercise, which are essential parts of treatment. Better far employ diligently all other hygienic measures in an unfavorable climate, than neglect them in the situation which combines the greatest climatic advantages."

ART. II.—*Chlorate of Potassa, as a Therapeutic Agent in Secondary Syphilis.* By W. H. BRYANT, M.D., Rochester, Mo.

This remedy has been used considerably of late years in diseases of the bucal mucous membranes. As such I have used it, and in the great majority of cases I have realized the most sanguine expectations. Its virtues have been tested in cancrum oris, scarlatina, diphtherite, etc., etc. I have witnessed its happy and salutary effect in the above named diseases, and firmly believe that, if its use had been withheld, the patients certainly would have succumbed. These facts led me to conclude that it would exert a beneficial influence over secondary syphilis; and during the summer of 1859 I was consulted by a gentleman who had had the disease about three months. His face, as well as the skin covering the anterior and posterior aspect of the thorax, was dotted over with blotches, papules, etc. The right tonsil was the seat of deep ulceration; the tongue had several deep fissures on its edges, with a mucons tubercle the size of a small filbert occupying the mesial line; the cervical, sub-occipital, and sub-maxillary glands were enlarged, indurated and tender to the touch. I at once put him on the use of the following prescription—

℞ Potassæ chloras, ʒ ivss.  
Aqua ferv., ʒ iv. M.

Of which I directed him to take one teaspoonful every four hours; and in a few days the disease began to disappear, and in three weeks there was not a vestige of disease to be found in the mouth or throat, which before was the seat of deep ulceration, tubercle, etc. The skin, however, remained matted, and in some places papules undergoing suppuration. He was then ordered the following—

℞ Hydrarg. bichlor., gr. iv.  
Tinct. cinchona comp., ʒ iv. M.

One teaspoonful to be taken in half a glass of comp. decoct. of sarsaparilla. In one month from this date the patient, to all appearances, was well: he had a healthy appearance, slept well, and said he felt as well as ever he did in his life. It is not my intention to say that potassæ chloras is a specific for syphilis, but merely to say that it is my honest opinion that it is a very valuable addition to the therapeutics of this loathsome disease.

ART. III.—*Diphtherite*. By J. H. BARBOUR, M.D., Falmouth, Ky.

This disease first made its appearance in this county in the spring of 1857 in epidemic form, and has been prevailing in different portions of the county ever since. Upon its first occurrence, it was a very fatal disease, and although still dangerous and fatal, it seems to have lost somewhat of its virulence. It made its first appearance in the lower portion of this county, during an epidemic of scarlet fever, and was generally recognized by physicians as being a form of that disease, and is in fact yet so considered by some.

It did not present itself in my practice until the fall of 1857, and then also during the worst epidemic of scarlatina I have ever witnessed. I immediately recognized the destructive features of this disease. In my experience, patients that have had the scarlet fever enjoy no immunity from diphtherite; nor do diphtherite patients enjoy any immunity from scarlet fever. During the last two years and a half it has fallen to my lot to treat a great number of patients, of all ages, sex and color, affected with this disease.

Diphtherite often commences with a chill, followed by fever, external swelling of the throat, painful and difficult deglutition, etc. In other cases the fever is intermittent, without chill, and with sickness of the stomach—the fever lasting three or four hours each day, and from three to five days before the throat symptoms are manifest, the patient appearing quite well excepting during the fever.

In many cases the disease comes on in a more insidious manner: the patient complains but little, although it is evident from the paleness and lassitude that something is wrong; the surface is moist, cool and pale; the pulse remarkably frequent (this frequency of the pulse I have found to be one of the earliest symptoms, indicating the approach of the disease before other symptoms were set up).

In some cases slight external swelling of the throat. Upon pressing down the tongue with a spoon, and examining the tonsils, if the case is in its early stage, you will find the tonsils and soft palate red and slightly swollen, with one or more small patches on the tonsils of a yellowish appearance, resembling a small piece

or patch of buckskin spread upon the glands. If the disease continues to progress, this membrane extends until it covers all the visible portions of the throat when the tongue is depressed; as the case progresses this membrane may break down into an ugly grey slough, or the false membrane be exfoliated entire.

In other cases the tonsils are covered with a greyish, ragged, sloughing surface from the first. And I have seen in two cases a smooth milky appearance, as though the mucous membrane had been touched with a strong solution of nitrate of silver. In both of these cases the laryngeal symptoms predominated from the first, and they both resulted fatally.

In some cases the tonsils are very much swollen, and a portion of the gland protruding from the base, causing it to resemble an acorn in its cup.

In bad cases I have seen the tonsils and soft palate assume a gangrenous look, and the diphtheritic membrane come off like bits of soft, thin buckskin, the soft parts under it offering no more resistance to the pencil of nitrate of silver than would tender cheese. These were fatal cases.

In a few cases I have had to contend against exhausting hæmorrhage from the ulcerated surfaces of the throat.

In two cases the sloughing of the soft palate, and the destruction of the surrounding parts has been such as to very much impair the power of deglutition; for, upon attempting to swallow, a great portion of the food or fluid would be thrown out through the nasal passages. In these cases the voice was very much impaired, or lost for the time—owing, as I supposed, probably to the destruction of the soft palate; yet, as both of these cases had laryngeal symptoms, may it not have been owing in part to the disease extending into the larynx, and affecting or stiffening the chordæ vocales for a time?—for both of the cases recovered, and in a few weeks the voice was entirely restored.

The external portion of the throat in most cases were but little swollen, but in some few cases they were much swollen and oedematous.

As to the fatal termination of this disease, I consider it owing to its extension into the larynx and trachea. I have seen no cases terminate fatally excepting such as where the laryngeal symptoms were present, as shown by hoarseness, difficult and croupal respiration. In such cases, patients, unless quite young, could not

be forced to keep their beds, but would sit up, or walk about the room. Little ones would get up and walk across the room to get a drink of water, up to the moment of death. A little boy of ten years old set up and whittled a stick the most of the day, and in the evening put on his coat and drew on his boots, which were rather hard to draw, a few moments before he died. The difficulty of breathing was great during this time. He could not be induced for a moment to assume any other posture but the sitting or standing one.

I do not consider diphtherite contagious. If so, it is very uncertain in its action. I have seen those most exposed entirely escape, while those in no manner exposed have the disease.

I have never been able in pure cases of diphtherite to detect any cutaneous eruption or rash.

In the beginning with us, diphtherite was associated with scarlatina; but not of late. It also in some cases was associated with intermittent fever, as in my own case, and also other cases that I observed during the fall of 1858. I had had an attack of intermittent fever, and arrested it with quinine. In one month it returned with a severe chill, followed by a fever. I resorted to quinine. The chill did not return, but I discovered a dryness and soreness, with severe cutting pain, upon attempting to swallow. This led me to examine my throat, when I discovered a yellow patch upon my left tonsil about the size of a half dime. I treated it, and in three days it disappeared.

*Prophylaxis.*—I have used the chlorate of potassa, in solution, given internally as a preventive.

*Treatment.*—If there is much excitement in the beginning, I give an emetic of ipecac, and followed, if the bowels are constipated, with some mild cathartic, such as rhubarb. After the action of the emetic, if one is given, or otherwise immediately, I cauterize the diphtherite patches on the tonsils with the nitrate of silver, applying the stick direct. I think it much neater than the solution, and can be applied where you wish it, and there only. I load the end of a quill with the stick—the best caustic holder I know of, and always at hand in a country practice. With this I cauterize the throat once every twenty-four hours, so long as necessary. I make a saturated solution of the chlorate of potassa, to which, if the case requires it, I add quinine and Bourbon whiskey.



℞ Chlorate of potassa, ℥ j.  
Sulph. quinine, grs. xvj.  
Water, ℥ xvj.

Dose from a teaspoonful to a tablespoonful every three hours, according to age. In cases where there is a pale, moist, cool skin, a frequent and soft pulse, the addition of the whiskey to the above formula will prove of great benefit.

As a stimulating gargle I use —

℞ Apple vinegar, ℥ viij.  
Capsicum, ℥ j.  
Muriate of soda, ℥ j. M.

Use three or four times a day as a gargle. As an astringent gargle I use a decoction of oak or persimmon bark, cold.

As a styptic in hæmorrhage from the ulcerated surface of the throat, I used a strong solution of the sulphate of zinc and ice.

The external application that I used in all my cases was a piece of old bacon bound to the throat. The bacon usually in from one to three days brings out a crop of pimples, producing a safe and valuable counter irritation. Owing to the tendency of diphtheritic inflammation to attack abraded surfaces, I do not consider it judicious to use the ordinary blistering preparations.

This course of treatment in my hands has been successful in every case but one that I saw before the laryngeal symptoms were set up. It has been adopted by other physicians with like success.

As a constitutional remedy, I rely upon the chlorate of potassa and quinine, with the addition of a stimulus, when required.

As a topical application, I rely upon the nitrate of silver, with the gargles above mentioned. In many cases I allow a liberal fluid diet, if it can be taken.

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*Sulphate of Copper with Opium in Diarrhœa from Teething.*—Among other therapeutical news, we noticed, in a recent number of *Schmidt's Jahrbücher*, the following formula, which Professor Eisenmann, of Würzburg, has found very efficient in diarrhœa of children from teething, viz. : cupri sulphat.  $\frac{3}{4}$  gr.; pulv. opii.  $\frac{1}{4}$  gr.; pulv. sach. q. s. One such powder to be given three times daily.

### Proceedings of Societies.

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*Proceedings of the Cincinnati Academy of Medicine*, April 30, 1860. Reported by Dr. W. H. McREYNOLDS, Rec. Secretary.

President of the Academy in the chair. The minutes of the last meeting were read and approved.

Dr. Comegys reported the following case :

A young man in Arkansas had intermittent fever. Quinine relieved him, but in leaving off the remedy the chills would recur. Upon his way to this city he stopped at Madison, Indiana, where he was under Homœopathic treatment, by which he was not benefitted. He took quinine himself, and came on to this city. When he came to Dr. Comegys, his spleen was enlarged to the size of a hat-crown, and he was liable to a paroxysm of ague every day, unless he took quinine. The quinine was continued, with the addition of liberal doses of iron. His bowels were corrected with comp. cath. pills, and he was directed to eat beef-steak and drink ale. Under this treatment he improved somewhat, but the chills would return. Fowler's solution was then resorted to, still continuing the iron, and he was free from chills for four weeks ; but at the end of that time they returned again. He was kept out of the night air, as the least exposure brought on a paroxysm of his ague. As he was anæmic and nervous, he was directed to take cod-liver oil, and the result was a cure.

Dr. Comegys said that he did not regard cod-liver oil as a medicine, but as food. He did not think it increased the red corpuscles. He gave it with a view to maintain the animal heat, and thus to maintain the general forces in the best way. He had introduced this case to say that he gave cod-liver oil as a heat-maker. It is generally understood that five-sevenths of the food taken is calorifacient. Starch is converted into sugar, and burned. He did not say that oily matter is not also a good hystogenetic material. The yolk of egg contains oil. The Hindoo uses rancid butter with rice, making glue. There is an instinct for oily food : in the extreme north immense quantities of it are used, to maintain the standard of heat. In

phthisis, the value of cod-liver oil depends upon its heat-making property. In this disease, the great loss of tissue is the adipose. When an animal is deprived of food, the temperature sinks four or five degrees, not lower until death is imminent, then it falls thirty degrees. Before death, the animal will have lost ninety-three per cent. of its fat, and the animal heat will have sunken seventy-three degrees: from thirty to seventy-three degrees the fall is quite sudden. The nervous tissue wastes four or five, and even seven per cent.; all other tissues largely.

In phthisis, the great emaciation and sunken appearance of the eyes is due to the absorption of the adipose tissue, for the purpose of maintaining the animal heat, and thereby the life.

Of hectic fever he had never seen any satisfactory explanation. Some one has said it is due to a morbid material in the blood. He took this ground: A patient with phthisis suffers from defective nutrition; he has dyspepsia; not enough material is taken up from the food for calorific purposes: the result is a chill, and, unless reaction is established, death. The fever of reaction wastes the adipose tissue. It is this fever which we call hectic. So, after the chill in intermittent, we have reaction, fever. Allow a consumptive patient, on any given day, a sufficient quantity of oily food for calorific purposes, and on that day he will have no hectic. On this view he gave cod-liver oil, just as we feed a lamp or a stove. With a diminution of animal heat the nervous and other functions are proportionately disturbed.

He had a short opportunity of following Trousseau in the Children's Hospital at Paris. He gives melted butter to keep up the animal heat.

Theophilus Thompson showed his experience with various oils, and found neat's-foot oil next to that of the cod-liver.

Dr. McIlvaine asked how long the patient had been free from chills.

Dr. Comegys said that five or six weeks was the longest interval. His spleen is somewhat enlarged, though the size has greatly diminished. He got twenty grains of quinine in eight pills, and took one every hour; also, carbonate of iron, in teaspoonful doses. He had immense confidence in iron. He orders it by the pound.

Dr. McIlvaine said he had seen a chronic-intermittent when suffered for a series of months in Algiers or Rome, and resulting in enlargement of the spleen, treated by local depletion. By the aid of percussion, the exact dimensions of the spleen can be easily determined. When a patient had taken quinine for the relief of chill, and suffered a return of the paroxysm, if his spleen was enlarged, even though he were anæmic, the cups were applied and a cure effected in three weeks.

He thought Dr. Comegys had misapprehended the nature of hectic. The local chill is the same as in intermittent; and if we arrest it by the ordinary means, we will alleviate the condition of our patient. Quinine will arrest the chill and invigorate the appetite. There is here also an enlargement of the spleen.

Dr. Comegys said he had not found quinine sufficient to arrest the diurnal development of fever in phthisis, though it has some power. He had not found enlargement of the spleen in phthisis. The enlargement of this organ can be determined with but little skill in percussion.

Dr. Comegys said the discussion of iodism was exciting some interest in the medical world; and he suggested that Drs. Taylor, Brown, or Simpson, investigate the subject, and present a paper to the Academy. The suggestion was approved, and Dr. Simpson promised an early compliance with the request.

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May 7, 1860.

The President being absent, Dr. Comegys was called to the chair, and the minutes of the last meeting read and approved. As no formal dissertation was presented, the chairman announced that the report of cases was in order.

#### *Opium Poisoning.*

Dr. Smith reported the two following cases:

A man who was in the habit of drinking, and had just been on a hard spree, took one ounce of laudanum. I was called in a half hour thereafter. From the statement of his friends, I gathered that he became completely narcotized in fifteen minutes after swallowing the dose. I ordered five grain doses of sulphate of copper every ten minutes, and went to see him. He did not vomit, for he could not be made to swallow; and consequently

little if any of the emetic reached his stomach. He was comatose, and breathing with stertor. The stomach-pump was used with great difficulty, but without any good effect. Artificial respiration was resorted to by the Marshall Hall method, and kept up from 5 in the evening until 6 in the morning. Friction and external warmth were tried; also, cold douche to the face repeatedly—but all to no effect. He got an injection of turpentine, castor oil, and soap suds, one pint, but no operation on the bowels was obtained. He died at 6 A. M.

CASE 2.—I was called at 10 o'clock to see a man who was supposed, from good reasons, to have taken laudanum between 4 and 5 P. M. Found him comatose; pupil contracted; respiration did not exceed four or five per minute, and was gasping; his surface was blue; pulse extremely slow, and without any force—one or two beats quickly, then an interval of three-quarters of a minute with no beat. Artificial respiration, Marshall Hall method, modified by bringing the arms over the head, was resorted to. Mustard over the epigastrium, and frictions, were kept up during the night, but in vain. He died at 6 A. M.

In the first case, I wish to call the attention of the Academy to the rapidity with which the opium acted. The patient was completely narcotized in fifteen minutes after taking it. Did his previous habits of alcoholic drinking, or the condition in which his recent debauch left him, have any influence in this matter? I think the Marshall Hall method of respiration is a humbug.

Dr. Comegys said he thought the M. H. method a humbug. The chief point in artificial respiration is to direct your effort in accordance with the respiratory action of the patient.

Dr. Murphy said the chief point in the M. H. method is, that when the head rests on the arm it causes the tongue to fall forward. The great objection to it is, that the patient gets exhausted with the motion. As to Dr. Smith's question, whether the patient's previous habits of drinking had anything to do with his coming so quickly under the influence of opium: we can not tell whether a patient has an idiosyncrasy, except by experiment. Alcoholism prevents to a great extent the removal of effete material from the blood: it prevents the proper decarbonization of the blood. Hence, in the brain of drinkers there is a great disproportion between the venous and arterial blood. He held the

doctrine that there is always the same quantity of fluid in the brain, and that what is called congestion of that organ is only a preponderance of venous blood. Topers breathe less often than others. Even a man who uses alcoholic liquor in moderation—a man who takes wine at dinner—will breathe less often after the alcoholic excitement passes off, and the sedative effect comes on. It was fair to infer, in the absence of testimony to the contrary, that a patient under these circumstances would be very susceptible to the poisonous effects of opium.

In patients laboring under delirium tremens we find two conditions. In one the pupil is contracted, and the vessels of the conjunctiva injected. Here no good physician would administer opium. It would increase the excitement, and bring no sleep until the patient was narcotized unto death. But when the pupil is dilated, opium acts very differently: it relieves the soap-bubble pulse and induces sleep, which refreshes the patient.

Dr. Foote said the attention of the profession seems to be directed only to artificial respiration. This is all very well as far as it goes. He prefers the method of drawing up the arms over the head, and then bringing them down against the chest, and at the same time keeping the tongue held well forward. This seems to bring the respiratory muscles into play more fully than any other mode; and it does not interfere with the use of friction. By evacuating the stomach we only prevent further poisoning. Respiration is only one function—others must be looked after. Opium acts on the nervous system; the cold douche stimulates the nervous system, and thereby excites the respiration. The cold and tepid douche are of very great use. By artificial respiration the diaphragm is not acted upon; but it is by the convulsive effort of the patient when the douche is applied, and thereby the chest is much more expanded. The good effect of the cold douche is not to bring down the cold temperature of the head, but to excite the nervous function; and, indeed, its effect is more prompt on the face or the chest. In almost hopeless cases, scalding hot water has been applied to the feet. We must bear in mind that it is necessary to rouse the nervous system.

Dr. McIlvaine said the most efficient place for the dash was on the back. Inject the bowels with warm or cold water, and it

will excite the diaphragm more certainly than all the water you can pour on. In winter, use warm water; in summer, cold water. Injections of turpentine, also, are not to be neglected.

Dr. Murphy said, that a man who is laboring under chronic diarrhoea was accustomed to use an injection of five grains sulph. zinc and a half grain sulph. morphine, for the relief of bearing down pains, pain along the penis, and constant desire to urinate. He has been in the habit of using this kind of injection for a long time, and now instead of tolerating a larger quantity of morphine, he is put to sleep by the eighth of a grain.

In poisoning by opium, he looks upon carbonate of ammonia, when the patient can swallow, as next to coffee. It has the same effect here as upon a parturient woman when she has lost almost the last table spoonful of blood, when she has blanched face and lips, when she is flinging her arms about, when you have to lower her head to preserve the little remaining vital spark.

He thinks an appeal ought to be made by physicians to the druggists, not to sell opium or any of its preparations, without a prescription signed by a physician. In Paris, you can not get more than a drop of paragoric or laudanum, and not a drop of black drops, without a physician's ordinance. Here immense quantities are sold every day, as a matter of course. Not long since, a druggist told me he sold a certain man \$1.25 worth of opium every two days, for his own consumption. He knows a woman who takes eight grains of morphine every day.

Dr. Smith asked some gentleman to speak to the point as to the time necessary for the absorption of opium.

Dr. McIlvaine said it depended on the antecedents of the patient.

Dr. J. D. Webb said he had seen a patient narcotized at the station house in fifteen minutes after taking a quantity of laudanum.

Dr. Wm. Judkins said, the time depends upon the state of the stomach. If that organ be empty when the opium is taken, it will be absorbed in a much shorter time than if it were full. He has seen narcotism come on in ten minutes in some cases, in others it required one hour.

Dr. McIlvaine asked, how long after taking opium would you resort to the stomach pump.

Dr. Wm. Judkins answered, two hours.

Dr. McIlvaine said he feared that would be too late.

During digestion there is not much fluid in the stomach. Jones caught a bull-frog after he had swallowed a craw-fish and a grass snake, kept him seventeen hours and sacrificed him. The external part of the grass-snake was digested, and there was very little fluid in the stomach. He did not see the use of the stomach pump unless it is to rouse the nervous functions, and his means of doing that is by injections.

Dr. Murphy said, we know almost to a certainty the amount of fluid in the stomach during digestion, from experiments upon Alexis St. Martin. He saw him withdraw one ounce and a half of digestive fluid while the process of digestion was going on. In dyspepsia, a great amount of fluid is secreted, and we know that part of it comes from the stomach, from the sensations of the patient. The effect of opium depends on the state of the stomach, and on idiosyncrasy. When the stomach is empty, the drug is soon absorbed. After one or one and a half hours, it is of no use to introduce the stomach pump, except to protect the doctor from the animadversions of outsiders. When the patient is comatose, the introduction of the stomach pump is very apt to produce abrasions of the œsophagus.

Dr. Foote said, he was very sorry to have to differ with the gentleman. You may theorize as much as you please, but when you come to your patients, you can't tell whether there is fluid in the stomach or not, until you make the effort to withdraw it. When the stomach is full, he thinks you will find some laudanum in it two hours after it is taken. The laudanum adheres to the solid food.

Dr. Smith asked if the stomach pump would remove solid food.

Dr. Foote said, no, but it will remove what has been reduced to pulp.

Dr. Comegys said, in the case he reported last year, he was sent for at 2 o'clock P. M., and as he was going to lecture, he sent a dose of sulph. zinc and ipecac, which vomited the patient a little. The stomach pump was used at 4½ P. M.

Dr. Carroll referred to a case he had reported some years ago—viz., a man took eighteen grains of morphine in nine hours, in mistake for quinine. He found him comatose, breathing with great difficulty, dying as he thought. He had him stripped and dripped ice water upon him until he began to breath more easily.



Then dried him off, and as soon as he fell back into his first condition, repeated the ice water. This was kept up from 2 until 10 o'clock. He used a bushel of ice and a barrel of water. He waked up suddenly and recovered. He thinks the Marshall Hall method could not have been used with advantage in this case. Indeed, he thinks it would have killed the patient if he had turned him over. He thinks the cold water treatment best in poisoning from opium, stramonium or hyoscyamus. In cold weather warm water might be more proper. He has seen the stomach pump used, and it may have done some good. He thinks not much, however.

Dr. Almy said, he had always relied on emetics, sulphate of zinc, if he had it at hand—if not, salt and mustard. He has held the patient's nose and made him swallow oil and water for emetic purposes. He has always used large injections of emetic tartar or sulph. magnesia, with the desire to produce free evacuations. He has used the stomach pump twice. In one case the patient recovered. In the other he died. He has thought perhaps he would have stood a better chance for life without the pump. But he was a desperate man, and seemed determined to die—having attempted suicide by strychnine previously.

Dr. Smith thought a patient liable to be injured by the introduction of the stomach pump, when in a comatose condition.

Dr. Williams said, while he was a medical student, a certain man, who had been crossed in love, or some other tender passion, took laudanum for suicidal purposes. His preceptor was sent for and administered an emetic of mustard, which acted freely. The patient was then stripped, and a proper switch with many prongs was placed in his hands. He applied the switch liberally over the gluteal region, and thus roused him up every time he began to snore. The patient recovered and vowed he would never more attempt suicide, from fear of the treatment. He has seen several cases of poisoning from the application of belladonna to the eye, which has made him cautious about the use of atropine. In one case convulsions came on in ten minutes after a single application of a two-grain solution of atropine to the eye of a child; also the mottled appearance of the skin peculiar to belladonna. The child recovered. He was pleased with the suggestion of Dr. Murphy in regard to the sale of these drugs. He thinks the profession

should insist strongly upon some measure by legislation or otherwise, to prevent the indiscriminate sale of narcotic drugs. He must confess, however, that it would be difficult to enforce any regulation of this kind in a community where every pretender who desires, may assume the title of M.D. We need reform in this matter.

Dr. Wm. Judkins said he was of the same mind. He thought the influence of the academy should be brought to bear upon an endeavor to effect this reform.

Dr. Bonner said he was obliged to Dr. Williams for bringing up the good old plan of flagellation. It is old "fogyish," he knew, but it has done much good. Whipping with nettles makes a still more decided impression; the smarting of the surface rouses the nervous system. Vinegar administered to a patient poisoned by opium, not only acts as an emetic, but seems in some degree also to neutralize the opium.

Dr. Carroll said, he was sent for by a lady, to see her husband. He had become habitually dull, would return from his business at noon and sleep all afternoon. This had continued four weeks. The gentleman did not use alcoholic liquor or opium, but he had lost a considerable sum of money by the failure of one of the banks, was greatly depressed in mind, and used tobacco very extravagantly. The allowance of tobacco was diminished. He recovered his spirits and accustomed business habits. A man of wealth in Limerick, Ireland, got gout. His physician gave him opiates and he was narcotized. To rouse him, the doctor paddled the soles of his feet with a ruler until they were blistered. Notwithstanding this, the patient died. His servant complained that his master had been poisoned and then beaten to death. The doctor was prosecuted, and barely escaped conviction.

Dr. Murphy said that if vinegar came in contact with opium, it would form acetate of morphia; then how can vinegar be an antidote to opium.

Dr. McIlvaine said, experience teaches that vinegar dissipates the effects of opium.

Dr. Foote said, black draught will produce death. There is no antidote for opium. Ipecac comes the nearest to it, besides producing emesis, it seems to neutralize the opium in some measure.

Dr. Comegys said we should look to the pathology of narco-

tism. In healthy respiration, the venous blood coming in contact with the peripheral extremities of the pneumogastric nerve, the impression was conveyed to the medulla oblongata, and by reflex action the respiratory muscles are made to contract. In narcotism and alcoholismus, while the blood is surcharged with carbon, the nervous functions are held in such abeyance that no such reflex action is produced.

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### Correspondence.

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NAPLES, ITALY, March 26th, 1860.

FRIEND STEVENS:—At Rome I spent a month most delightfully, and, I think, also profitably. During my visits to the various exhibitions of the works of art, for which Rome is so renowned, I have learned to appreciate more fully the importance and beauty of the science of anatomy.

I left Rome on the morning of the 13th inst., and came here by land through the most beautiful and classic parts of Italy; that is to say, by way of the Volscian cities Velitrae, Cora, Norba, etc., to Terracina, which latter place is the frontier town of the Papal States. At Fundi, which, you will remember, is celebrated in Horace's journey for the amusing importance assumed by the prætor, I met our friend Dr. Wolcot Richards. Our meeting, as you would suppose, was as cordial as it was unexpected. The Doctor's health is improving. From Fundi southward our road lay along the sea-coast to Mola di Gaeta, near which was once situated the Formian Villa, the favorite residence of the great orator, Cicero, and the scene of his political conferences with Pompey—the calm retreat in which he enjoyed the society of Scipio and Laelius. The name of Gaeta will recall to your mind the well-known descriptions of Homer, Virgil, and Horace.

From Mola di Gaeta to Naples the road is bordered by orange groves, vineyards, and various other tropical fruit-growing trees, in the midst of which we often saw the remains of temples, baths, grottoes, etc., which belonged to the various Roman villas that once adorned this part of southern Italy. And as you ap-

proach Naples the scenery increases in beauty, and classic interest becomes more absorbing. The view of Naples from the hill immediately above it is magnificent. It contains all the features of the grand: the town—the bay—Vesuvius. Naples is the noisiest place in the world—it is enough to drive a nervous man mad. The streets present one continuous scene of bustle and worry; the people bawl and roar at each other in all directions; beggars solicit your charity with one hand, while they pick your pockets with the other; and carriages and all sorts of vehicles cut their way through the crowd with a fearful rapidity. It requires as much patience as ever that old gentleman of “patience” notoriety boasted of, to carry on any dealings with the people: every bargain is a battle; and it seems to be an established rule to ask, on all occasions, three times as much as is just. Whenever a stranger presents himself in the streets he is immediately surrounded by a troop of clamorous applicants, as ravenous as birds of prey about a carcass, all anxious to have their share of the carrion. “The tide of human existence” flows with as much volume, and a great deal more noise, through Naples, as Broadway, New York. But after Rome, everything at Naples looks poor and paltry—the architectural ornaments of the town, and the taste displayed, is far inferior.

The excursions in the vicinity of Naples are all intensely interesting, and some of them peculiarly so—Vesuvius, Pompeii, Herculaneum, Baiae, Peuteoli, etc., etc.; but for want of time I must pass by all these places, as well as my pilgrimage to the tombs of Virgil and Scipio, as I wish to tell you about my visit to Salerno.

Salerno was in the twelfth century the seat of a flourishing medical college—the first, perhaps, established west of Greece. According to Gibbon, “The treasures of Grecian medicine had been communicated to the Arabian colonies of Africa, Spain, and Sicily; and in the intercourse of peace and war a spark of knowledge had been kindled and cherished at Salerno, an illustrious city in which the men were honest and the women beautiful.” I made a pilgrimage to this “illustrious” city, which, on account of its associations, I enjoyed very much. Yet, sad to relate, I could find neither “honest men or beautiful women,” and the *only* remains of the medical school that I could discover was a “string of aphorisms in Leonine verses of the twelfth century.” These

aphorisms were the maxims of the School of Salerno. This precious relic is now in the library of the Benedictine Monastery, which is situated high up amongst the Appenines, about five miles from Salerno. I copied from these aphorisms the following eulogium of the virtues of sage tea :

“Cur moriatur homo, cui salvia crescit in horto?  
Contra vim mortis non est medicamen in hortis?  
Salvia salvatrix, naturæ conciliatrix,  
Salvia cum ruta faciunt tibi pocula tuta.”

I dare say you have seen this eulogium before ; but I send it as copied *literatim et, etc.*, from the “string.”

The following, also from the same “string,” is of a different character, and I have no doubt was more commonly used than the sage tea :

“Si nocturna tibi noceat potatio vini,  
Hoc ter mane bibos iterum, et fuerit medicina.”

The following “rules and regulations” of the School of Salerno were kindly furnished me by Padre Rossi, the archivist of the above named monastery: No person was allowed to practice medicine in the kingdom who had not been examined by this college. Proofs of legitimacy, and of having studied medicine for seven years, were required from the candidates. The examinations were public, and consisted of expositions of Galen, Hippocrates, Avicenna, etc. After a satisfactory examination, the student was to practice one year under a physician. Druggists were not allowed to dispense medicines until they had received a certificate of capability from the college.

Salerno is now a poor, deserted-looking old city. The physicians of the town seem to be “practicing medicine” and living entirely upon the reputation of their ancestors.

The medical school at Naples seems to be in a flourishing condition. The number of pupils at present is one hundred and sixteen. The students of this school all wear a uniform of blue cloth, and a hat which, in form and color, resembles that worn by our old Continental officers. A student entering this college is obliged to remain seven years. Clinical lectures are delivered daily, in the morning, at the Hospital Degl. Incurabili.

Perhaps no city in Europe is better supplied with hospitals than Naples. The revenues, which are very large, are adminis-

tered by a president and three governors appointed by the king. The "Incurabili" is a vast establishment for both sexes, having separate wards for particular diseases. The average number of patients in this hospital is two thousand. Each hospital has a convalescent establishment in the country, to which convalescents are sent. Patients whose cases are considered hopeless are sent to the "dying ward" — a barbarous and inhuman practice.

Tuberculosis is considered contagious. The *Albergo de Poveri* is a vast building founded by Charles III., as an asylum where all the poor of the kingdom might be received and taught some useful occupation. It contains at present about 5,500 inmates. The boys brought up in this institution are usually sent into the army. The hospital for the blind contains about two hundred inmates; it is well conducted. Besides these, there are seven other large hospitals in Naples; also, various private charitable institutions.

I think the general plan and arrangement of the hospitals of Rome superior to any I have seen in Europe. In these hospitals the wards converge to a centre where the altar stands under a dome. This form is certainly well calculated to contribute to good ventilation, and renders the service easier and more economical.

From your friend, WM. CLENDENIN.

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Boston, Mass., May 7th, 1860.

Messrs. Editors:—The Seventeenth Registration Report of Births, Marriages, and Deaths, in this State, for the year 1858, contains some statistics worthy of note. The report comprises about two hundred and forty pages of tabular abstracts and observations. The latter were written by Dr. Josiah Curtis, of this city. It appears from the returns that 34,491 children were born alive, 21,054 persons (10,527 couples) were married, and 20,776 deaths, besides 747 still-born. There has been a steady increase of births for several years, till 1858, when the number fell 829 below the previous year. Of the births, 17,453 were males and 16,840 females, showing a preponderance of males of 613. In 1857, there were also 902 more males. In 1858 there were 104 boys born alive to each 100 girls; and during the seven years,

1852-58, there were 105 boys to 100 girls. Of the still-born there were 153 boys to 100 girls; and during the seven years' period there were 151 boys to 100 girls. There was a preponderance of females among the children born out of wedlock, in the proportion of 81 boys to 100 girls. It is generally the reverse in other countries. There were 293 illegitimate births. During the year 339 women bore twins, and 2 bore triplets. For the seven years, 1852-58, there were 229,856 living births recorded in the State; of these 4,262 were twins, and 87 triplets. Of the whole number of births, 16,283 or 48.98 per cent., were of American parents wholly, and 45.27 per cent. of foreign parents, the remainder having either a foreign father or mother.

The number of births during the first half of the year to that of the second half, stands nearly in the proportion of 17 to 19. The first quarter presents the least number, and the third quarter the greatest number. August is the most prolific month in this State.

Among the illegitimate births was one worthy of notice, from the extreme youth of the mother. Elizabeth D—— was born of native parents, in the alms-house at Taunton, May 24, 1847; and at the same place she became the mother of a healthy boy (of eight pounds) on the first day of February, 1858, being only *ten years, eight months, and seven days old*. On an average, there has been 94 births each day in the year.

10,527 marriages were registered in 1858, being 1212 less than the previous year, and 1582 less than the average of the five preceding years. One hundred and fifteen towns returned less than ten marriages each. This decrease is ascribed in part to the remissness in clergymen in making their returns, and to the financial disturbance of the preceding year. Of 8559 bachelors, 8108 (94.73 per cent.) married maids, and 451 (5.27 per cent.) selected widows. Of the 9315 spinsters, or maids, 1207 (13.63 per cent.) were united to widowers; and only 613 widowers chose women who had been married before. 10 widows were married during the year, each of whom was under 20 years of age. 9 women over 55, and 1 over 65 years of age, assumed matrimonial relations for the first time; and one man over 80 years became a husband for the first time. Of those married at earlier ages, there were 10 females at the age of 14, and

30 at 15 years of age. Of the males, 19 were married for the fourth, and 2 for the fifth time. Of the females, 1 was married for the fourth time.

There were about twice as many American couples married as foreign; and an increase of the *proportion* of intermarriages between those of native and foreign birth, over former years. On the average for each day in the year, 58 persons were married.

In respect to deaths for the year 1858, the returns show that the whole number was 20,776, or one death to every 58 living persons; while in 1857 it was one in 56. In the county of Suffolk, including Boston, the rate was as low as one death in 47 living persons; while in Berkshire, the western part of the State, it stands one to 75. The average number of deaths per day was 57. The number of deaths of both sexes were nearly equal. June was the healthiest month, and September the most fatal. There was an average of 48 deaths a day during the former, and 77 deaths a day for the latter. The excess of registered births over the registered deaths was 13,715; indicating, according to the records, as the rate of increase of our population, *from this source alone*, of 1.126 per cent. Nine persons (one male and eight females) died whose ages were 100 years and upwards.

In regard to the causes of death, it appears that more than one-fourth of all the deaths take place from diseases of the zymotic class. There were only 12 deaths from small-pox; scarlatina, 1051; croup, 497, showing a diminution for several years; typhus fever, 901; measles, 301; erysipelas, 147; cholera infantum, 730; teething, 353; consumption, 4547; pneumonia, 1174; casualties, 195 (176 men and only 19 women); drowned, 210 (males 194, females 15); dropsy, 481; disease of the heart, 597; infantile, 1314; insanity, 62; intemperance, 89; disease of liver, 134; old age, 1132; paralysis, 369; railroad accidents, 29; rheumatism, 56; scrofula, 119; suicides, 91; whooping cough, 347. The deaths from consumption were 376 in every 100,000; and for the previous five years, the average was 411. This is a higher ratio than in England, where, for the same time, it did not exceed 303. Bronchitis is more fatal there than here. The preponderance of deaths from consumption, in Massachusetts, is among females.

The report gives the mortality from other causes than those I have



enumerated. Among the occupations, it appears that the cultivators of the soil attain a longer average life than either of the classes represented. The highest rate of mortality in the tabulated classes falls on physicians (2.03 per cent., or one death in 49 living), and next upon lawyers (2.01 per cent., or one death in 50 living); yet the average age at which physicians (55) and lawyers (56) die is much higher than that of several classes.

Carefully prepared meteorological tables are attached to the report. In this synopsis I have only given some of the conclusions. The whole report is full of interesting suggestions and tabular results.

In regard to the Westford vaccination cases, mentioned in my last, a coroner's jury, summoned to examine the cause of death in one person, returned the following singular verdict, after hearing a large amount of conflicting testimony, from regular and irregular practitioners:

"I. Ephraim Wright died of phlegmonous erysipelas on March 4th, 1860.

"II. This erysipelas was caused by vaccination.

"III. There are two causes for the peculiar result of this vaccination:

"1st. The matter, which came from Dr. Clark, of Boston, and with which this vaccination was done, was originally bad when put into the hands of Dr. Buttrick.

"2d. This matter, by keeping in solution by Dr. J. F. Buttrick, of Westford, became still worse.

"IV. The trouble in this case is due to a combination of these two causes."

At a recent meeting of a large number of our citizens, a Sanitary Association was formed, similar to other societies organized in London and other cities. Dr. Jacob Bigelow was chosen President. As the object of the society is a general one, ladies were admitted as members.

*Pleuro-pneumonia* is prevailing, and has been for some time, among several herds of cattle, in some parts of this State. It is quite fatal—more than half of those attacked die. The State has taken the matter in hand, and whole herds of these animals are being slaughtered to arrest the disease. The only important symptoms, aside from the physical signs, is a low, deep-seated

cough, followed with a loss of appetite or debility. The principal post-mortem appearances are, an effusion of straw-colored serum in one or both sides of the chest; compression of the lungs, with so much congestion that the specific gravity is greatly increased; and often a deposit in the cells or tissues of the lung of matter of a tuberculated cast; while in others there is a softening and a gangrenous stage in the disease. The disease is considered infectious, and to have been imported from Holland. A recent letter from there says the disease is not known there as *pleuro-pneumonia*, but as *phthisis*. Great benefit is derived there by inoculating healthy animals near the end of the tail. The virus is obtained from the lungs of a cow suffering from the disease, and killed for the purpose. The pustule is similar to the vaccine pustule in man. Before the discovery, fifty or sixty per cent. of the cattle died—now only one per cent. Inoculation often modifies the disease in animals afflicted with it so much that they are saved by the operation.

The Massachusetts Medical Society will hold its annual meeting in this city on the last Wednesday of the month. B.

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WASHINGTON INSTITUTE, May 8, 1860.

EDITORS LANCET AND OBSERVER:

*Sirs*.:—I wish to report to you two cases of erysipelas, where “muriated tincture of iron, interzally and externally used, in connection with quinine,” cured them in a short time.

CASE 1.—Mrs. M., aged about fifty-eight, was taken with erysipelas in her face, which rapidly spread, covering almost the entire face, from whence it attacked the scalp and neck,—caused by exposure to the heat of the sun and fatigue. I happened to be called on the first day. I ordered ten to fifteen drops tinct. ferri chloridi in water, every two hours—regardless of fever. I painted her face, scalp and neck with the same tincture; gave a large dose of calomel, kept bowels soluble with oil and salts. She made a quick recovery. The tincture seemed to arrest and control the disease, used in both ways; and now she is perfectly well.

CASE 2.—An infant of H. W., aged four months. The ery-

sympelias was apparently caused by a sore ear. I ordered blister behind the ear, and the left side of the face, where the erysipelas was, to be painted with tinct. ferri chloridi, mixed with glycerine, which arrested the disease. I also gave, internally, about one drop in mucilage every three hours. The quinine I used freely in each case; with oil and salts to keep the bowels soluble.

If these are of any use to you or your readers, I shall be happy to have contributed; if not, at least they will do no harm.

Respectfully yours,

GEO. A. DYER, M.D.

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COMMUNICATION FROM DR. HIBBERD.

EDITORS LANCET AND OBSERVER:

The extract from Dr. Lee's report on the diseases of Saratoga county, N. Y., presented by Prof. Lawson in his communication published in your last number, has been carefully examined by me.

So far as Dr. Lee's remarks are cited to show "that the grade of morbid action does change from time to time," I freely give them the force of cumulative evidence upon a point never disputed by me. That "the diseases of that period (say from 1844 to 1850,) were of a marked sthenic character," I have no reason to doubt; that nearly all of them *required* active depletory and antiphlogistic treatment" is quite possible, though not very probable. "Ordinary attacks of fever were often much benefitted, and their course is shortened, by a resort to venesection in the earliest stages." I can not receive this upon the *ipse dixit* of Dr. Lee; and when he asserts that "pneumonia could not be treated with any degree of success, without a repeated resort to the lancet," he goes entirely beyond what I candidly believe correct observation and better therapeutics will warrant. Mark, I make no question but that Dr. Lee reported, honestly and fairly, just what he deemed to be the truth, both as to observation and experience, but by light derived from other sources I am led to regard his observation imperfect and his experience faulty.

The issue between Prof. Lawson and myself is, not whether diseases are sometimes sthenic and sometimes asthenic—that I fully concede; nor yet whether there are not some cases of inflammation sthenic, as it is called, in their grade of action, and others

asthenic—that, also, I concede ; but the issue is (1) whether, in relation to these points, inflammation is at all different now from what it was in former times ; and (2) whether inflammation of any grade of action can be prevented or arrested by general bleeding.

I understand Prof. Lawson as maintaining that formerly the grade of inflammatory action was, as a rule, sthenic, whereas now it is asthenic : this I do not believe. I further understand him to say that all sthenic inflammation should be treated with general blood-letting,—to prevent it, if not fully formed,—to arrest it in its progress. I do not believe general blood-letting will prevent inflammation from maturing when it has commenced, nor do I believe it will arrest the morbid action after the inflammatory action has matured.

The facts and arguments upon which I rely to sustain me in this position are pretty fully, and, I hope quite plainly, set forth in my article published in the April number of this journal, to which I beg leave to refer any reader who may desire to know how I arrive at such conclusions.

The class of evidence to which this of Dr. Lee's belong, is also there examined, and if the objection to it is well taken, quantity will not in any way highten its value, or add strength to the position of Prof. Lawson.

I have, also, attentively examined the extract reproduced by Prof. Lawson from his original article, and under other circumstances would be happy to address myself to the task of showing the fallacy of all such means of establishing the end I suppose to be aimed at. At present I have only to do with so much of it as relates to bleeding as a remedy in the treatment of inflammation.

I am free to assure Prof. Lawson that I would not practice general bleeding in active phrenitis, (Query : Is there any passive phrenitis ?) simply because it was phrenitis ; and if I did apply leeches to the abdomen, in abdominal inflammation, or cups in hepatitis, it would not be because I expected thereby to directly affect the disease in the internal organ.

There is no reason, that I am apprized of, why venesection should be more watchfully applied to inflammation of the brain and its appendages, than to a like pathological condition of an extremity.

It is very true that the importance of the functions of the brain should bespeak for it the application of the most energetic restorative measures that we have at our command, when it is diseased, but if it has been successfully shown that general bleeding can not favorably affect inflammation in other parts of the body, there is nothing in the anatomy or location of the encephalon to make it an exception to the general law of bleeding therapeutics. On the contrary, a better appreciation of the physical construction of the human cranium has convinced enlightened men that the great architect has wisely fashioned it so that the important and delicate organs it contains shall be less affected by the fluctuations of the general circulation than any other part of the frame.

Prof. Lawson expresses the opinion that "no physician would dare withhold the depletion and substitute stimulation" in a case of active pneumonia occurring in a robust constitution, etc. I deem that a safe and sound proposition. But I feel equally certain that every judicious practitioner would omit both stimulants in the beginning, and general bleeding altogether, in such a case as he depicts. I must again refer to my former article for the facts and arguments to sustain this non-bleeding view.

"It is freely admitted that in the milder forms of pneumonia but little treatment is demanded, and certainly blood-letting may often be omitted; but in the graver varieties, the agents must be more active, or patients will be destroyed by the inherent force of the disease." I have quoted this sentence as a foundation for a remark upon the latter clause of it. I do not say that such was the idea of the author, but speaking of the "inherent force of the disease" reminds me that some persons appear to regard disease as a distinct entity in the system, which medicine should eliminate, as a purgative would carry off scybalæ from the intestinal canal, or forceps pluck a polypus from the nasal passages. No one has professed this gross absurdity in terms, but the words and deeds of many warrant the conclusion that they have a shadowy idea of this nature floating through their minds, that often leads them astray; and a vast majority of the profession do not practically realize the close relationship between normal and abnormal action in the animal body.

So far as inflammation is concerned, I undertook, in my previous article, to show, with the assistance of Paget, that it was but

verbiage, and as such will be passed over. The only instance in which he becomes tangible in a matter of this nature is, when he says I charged him with impugning Prof. Bennett's probity, in relation to his statistics. This he denies, and says he fully admitted Prof. Bennett's statistics, and expressed confidence in both his veracity and his skill. Now, that I may not seem to have sinned in the face of light and knowledge, I will detail, briefly, the facts as I found them in the record.

Prof. Bennett in his book says that in 1849 he believed and taught that a large bleeding before exudation comes on, in pneumonia, might cut the disease short; and that he said of a case, bled *before* admission, early in the disease, that the practice was judicious. But he asserts positively, that from the beginning of 1850 he has treated all cases of acute pneumonia entering the Infirmary under his care, by an effort to further the natural progress of the disease, in no instance endeavoring to cut it short. He also assures us that these cases were treated publicly, and that the ward books are open for inspection.

Prof. Lawson declares that in August, 1851, Prof. Bennett published, in the *Edinburgh Medical Journal*, a clinical lecture in which he still taught that bleeding would often cut short pneumonia, and in confirmation of this opinion, reported a case wherein the abstraction of 3 xv. of blood had arrested the disease after crepitation was present. Now it was in connexion with, and I supposed in relation to, this case bled, that Prof. Lawson expressed his confidence in the veracity and skill of Prof. Bennett, and I presumed was meant to be the crowning evidence that his report of statistics was incorrect. I do not yet see how, without further light than therein presented, any one can put other construction upon the language used.

It will be observed there is a conflict between the statements of the two gentlemen. If Prof. Bennett is not mistaken, Prof. Lawson must be; but if the latter is not mistaken, then the former must be, and his statistics are as worthless as those of Bouilland and Fleischman. I can but leave the matter as it stands.

I read an anecdote, recently, of a young aspirant for admission to the bar, who, for some lexicological blunder, was advised by his interrogator to lay down Blackstone's Commentaries and take up Webster's Dictionary. I imagine the readers of the *Lancet and*

*Observer* are ready to give similar advice to Prof. Lawson and myself,—to recommend us to lay aside our medical authorities and statistics for the nonce, and devote our hours of study to some standard lexicon of the English language. They may well say that no discussion of a scientific subject can approach its legitimate goal—the ascertainment of truth,—if the parties to it use important terms sometimes in their technical, and at other times in their conventional sense.

JAS. F. HIBBERD.

RICHMOND, IND., May 7th, 1860.

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### *Special Selections.*

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*“Ought a Physician to tell a patient that he is going to die?”* By  
T. BULLARD, M.D., Indianapolis, Ind.

In the June *Atlantic*, the “Professor,” in the person of Dr. Holmes, makes this assertion, “As a general rule, no man has a right to tell another, by word or look, that he is going to die.” Is he right? The doctor says, “If you are making choice of a physician, be sure you get one, if possible, with a cheerful and serene countenance. A physician is not—at least, ought not to be—an executioner, and a sentence of death on his face is as bad as a warrant for execution, signed by the governor.”

I believe the doctor is fully right, with the qualification he has attached—i. e., “as a general rule;” and yet, how many practitioners entirely disregard the principle involved! Yes, not only by the elongated visage, the sombre, sepulchral manner and doleful “hark-from-the-tomb”-like noise with which they habitually approach the bed-side of the sick, but also by a hasty and sometimes premature announcement of their opinion that the case will terminate fatally and soon, thus at once bringing two most powerful causes into action against their patient as auxiliaries to disease, to insure the fulfilment of their prognosis—i. e., the influence of imagination and the loss of hope. I believe this unwise, inhuman, barbarous, if not quasi murder. Dr. H. alludes to a case where the patient exclaimed to his physician, “You have killed me,” when the doctor had simply said, “You can not live

six months." The poor fellow sank in six weeks, while under ordinary encouragement he was good for six months at least. In discussing this question, I am aware that I shall meet on the threshold two sets of objections: 1st, that of veracity, honesty, demanded of all, and of none more than the physician; 2nd, requiring the physician to act as sentinel upon the confines of eternity—to some extent assuming the office of priest or minister of the gospel, thereby giving the very sick or apparently dying time to arrange their worldly affairs, and for a possible death-bed repentance. But we do not advocate either falsehood or deception, or, when demanded of us, the withholding perfect frankness. But this admission, we take it, does not imply that it is the duty of the physician always to wear a sad or solemn face in the sick room, and to every patient open the gate and point to the gloom which overhangs the "valley of the shadow of death." Oh, no! And yet this is the habit of not a few practitioners. Some, for effect, endeavor to make all cases appear as grave as possible, expecting that when it shall have been noised abroad that they can cure such desperate cases, their reputation will be established for wonderful doctors. Another class avoid this gross and patent treachery, go smoothly and honestly along in their mild cases, make no extra pretensions to skill above their fellows. But here comes a doubtful or probably fatal case, it may be of pneumonia, fever, or of organic disease and fatal tendency—consumption, for instance. Now, for fear he will be blamed for want of skill, he hastens to say to the patient and friends that his case is hopeless, that no one on earth can cure it—the patient must die, and that soon! But is the physician bound to announce such an opinion before the patient? In acute diseases—fever, and the like—I am sure it is wrong. Let him tell the friends, if he will, and probably he should, but not the patient, "as a general rule;" for, in such cases, until he is in articulo mortis, "while there is life, there is hope." And shall the physician wrest that hope from a fellow-being struggling upon the brink of the unknown hereafter? A word, a discouraging expression of the countenance, may turn the scale; despair takes the place of hope, and a life is sacrificed, a family circle broken by the untimely death of a father, mother, brother, sister, or friend. These cases call for great caution—policy, if you choose.



But the other class, the certainly hopeless, what of these? Even here I do not feel called upon to hasten their departure by an abrupt and definite opinion, especially as to time. Such, ordinarily, do not need to be told that their disease must end in death. But how often is the hour postponed by the lapse of months or years, and so postponed as much by hope as cod-liver oil and whiskey; or rather, these last, without hope, would have been powerless or altogether futile. Still, with Coleridge I would say, "He is the best physician who is the greatest inspirer of hope."

Thus far I have attempted to answer the first objections. If it is clear that as physicians our office is to attempt the restoration to health, or prolongation of the life of the sick, by the influence of the mind on the body, as well as by the use of drugs, then I think the second set of objections obviated, as we are physicians, not preachers. Remember the qualification—"as a general rule." There are doubtless exceptions, and every physician meets them, and meets them, it is to be hoped, as a true man, a philanthropist, if not as a Christian. But I think I have seen ministers of the gospel, with the best intentions, but too little common sense, step out of their sphere, and in so doing, become executioners instead of comforters and teachers of the sick; not alone by recommending quackery or patent medicines, but by an unwise, not to say inhuman haste, to excite the fear of death of the body, as a means of securing attention to matters of admitted importance pertaining to the soul.

I need not recall to the mind of the physiologist the influence of the nervous system, guiding with royal hand all the functions of the organism; or how the emotions unduly excited, relax tissue and suspend secretion, as fear in the case of the raw recruit on entering his first battle; often, old soldiers tell us, the sphincters give way! or as the milk of the nursing mother, so changed by sudden anger or deadly fear as to produce convulsions, and death even, in the before perfectly healthy infant. These, and a thousand like cases, might be introduced to show this wonderful connection and mutual dependence. But a volume would not exhaust the subject. Do we, however, bear these things enough in mind in our own intercourse with the sick?

Who can measure the influence of hope on man? What would life be without hope? It underlies most of the success in life.

It is the guiding star of the mariner in his calm and prosperous voyage—hope of success and safe return. In the storm and tempest, hope, like an angel, still whispers in his ear, while he has a plank beneath him. So of the merchant—the man of business—all, all alike more or less earnestly cling to hope to the last. Well has it been likened to an anchor! Now its flukes hold on to the last: shall the doctor be the one to cut the cable of this anchor?

Who will say that hope does not have a great influence in the recovery of the sick, or at least in the prolongation of life? Does the quack not avail himself of this principle, and oftentimes successfully, by inspiring hope and trust in him and his powerless globules? Shall he have the only benefit of such a principle? It belongs rightly to the medical profession. While we do not think we should deceive our patients, it is not always necessary to tell *all* we know or think; we are to act for the time for his good, his restoration to health, or as a guardian for his ward. Call this policy, or what you will, is not the remark true, “as a general rule,” no man has a right (abruptly), by word or look, to tell another he is going to die?—*Nashville Journal of Medicine*.

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*Professional Pecksniffs.*—Censorious physicians have sometimes complained of pious brethren, disposed to make their religious connections useful in a business way, who obtrude their sanctimoniousness on the profession, relating their experience before medical societies, or enriching the journals with descriptions of the illness of Elder Sniffle's child, or the miraculous recovery of the Rev. Mr. Honeyman's grandmother. An amusing specimen of this class of practitioners, among whom the affectation of godliness supplies the want of knowledge and skill, is found in Mr. Suttleffe, of London, from whose work\* we are about to make a few extracts:

*Hoarhound Tea keeps a Saint out of Heaven upwards of 24 years.*—“In the summer of 1800, I was asked if I wished to see a triumphant saint expire. ‘Much more,’ I replied, ‘than to see

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\* *Medical and Surgical Cases; selected during a practice of 38 years.* By EDWARD SUTTLEFFE. 8vo. pp. 628. London, 1824. The book is now rare.

Rome in all her pristine or present glory.' I was accordingly directed to call on Mrs. W——, of the Surrey Road, which I did, in whom I beheld the nearest approach to an animated skeleton I ever expect to see. She instantly recognized me (having often met me at the sanctuary), and shook hands feebly. She was on the mount of God's unchanging love."

Mr. Suttleffe had the cruelty to administer hoarhound tea, which prevented the saint from "going home." When informed she was out of danger, she shed tears of grief. She shortly afterwards retired to Warwickshire instead of Paradise, and grew quite lusty.

*Fatal Hæmorrhage from a Bubo.*—Mr. Suttleffe was called to a young man with a sloughing bubo, where "the pulsation from the iliac artery was awful." The artery burst, and the patient quickly bled to death. "I have since thought that a ligature applied to the artery might have arrested the bleeding, if not have saved his life." On returning home, Dr. Suttleffe reflected on these words of the Apocrypha: "Oh, Adam! what hast thou done?" We presume our readers will add: Oh, Suttleffe, what didst thou *leave undone*?

*Aphonia.*—Our author, in common with his tribe, is an admirer of old women, and observes, "that old women do as well as old men, and sometimes better." In illustration of this aphorism, he mentions two cases of aphonia which baffled him, but were speedily cured by an old woman with "gin and oatmeal."

*Flannel.*—Dr. Suttleffe expresses a mortal antipathy to the wearing of flannel, quoting the prohibition of the Prophet Ezekiel (chap. xlv.), "They shall not gird themselves with wool that causeth sweat."

*Uric Acid.*—A compound of rhubarb, soap, and juniper is recommended by Mr. Suttleffe, "to sweep out the kidneys, ureters, and bladder, incommoded with red gravel. I call it my *besom*, and it is thought to be an appropriate name in the circle in which I move."

*Mania.*—Mr. Suttleffe advocates the use of ground ivy in insanity. "I can not call to mind a single case of mania where the *glecoma hederacea* has had a full trial, without eventual recovery."

*Puerperal Fever.*—A "scripturally pious" lady had puerperal fever, which completely baffled Mr. Suttleffe and his friend, Dr. Sims. They had the mortification to witness "deeper advances

toward despondency," in the midst of which "the scene partook not of the house of mourning, but was rather an epitome of the abode of bliss." Being pressed for a prognosis, our author stated: "that in reference to the laws of the obstetric art, the patient must die; but as Dr. Sims and himself had now turned over the case to God, it was possible she might recover." It does not appear that the Derry took charge of this case, for the lady died. "Fraught with instruction in its progressive stages, this case was singularly honored in its termination: for the children of the deceased came forth with one consent to join themselves in a perpetual covenant to the Lord and his church, where they now shine as polished pillars in the temple of grace."

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*Dr. Geo. B. Wood's Valedictory.*

[We find the following very appropriate and interesting address in the *Phil. Med. and Surg. Reporter*.—ED.]

You have now heard, probably, the last lecture of the last course of lectures I shall ever deliver upon medical subjects. You are aware that I propose resigning my position in this school. I announced my intention to do so at a somewhat early period, in order that the authorities might have time to satisfy themselves in the choice of my successor.

Perhaps you may think it due from me to give some reasons for this course. In the first place, I will mention that I have now been lecturing for at least forty years, without a single intermission during that time, and frequently for many years, both in the winter and the summer seasons.

Beginning as a private lecturer, I afterwards entered as a Professor the College of Pharmacy, where I continued for nearly fifteen years, and the remaining twenty-five years have occupied a position in this school.

This length of service, perhaps, entitles me to rest. But there are other considerations. I am advancing in age. Though I have not yet reached the period of life at which mental imbecility and infancy occurs, yet the time will before long come. It is true that there are some favored individuals, who go on to extreme old age and maintain their faculties to the last, as is fully

exemplified in the present Prime Minister of England. But this is not the general rule. Much more commonly the faculties begin to fail anterior to the 70th year, and I have no right to suppose that I shall be an exception to that rule. You know very well that when the mind begins to fail, the individual is scarcely conscious of it himself. He does not appreciate the full deficiency of his own powers, and there is danger that he may be overtaken by it while in the discharge of his public duties, without being himself aware of his insufficiency. There is thus danger that he may become a burthen on the institution to which he is attached. I do not indeed know that I have not myself begun to enter upon this period. I can not be, however, far advanced in it, and I wish to secure myself against the chance of getting into this false position. Besides, I desire to enjoy a period of leisure before the time comes when I shall cease to have pleasure in life, while I can still appreciate and enjoy the results of observations in foreign countries. In the course of a few years, I feel that it would be no longer possible for me to have this sort of enjoyment. It is, therefore, I think, advisable for me to withdraw from my present duties, a little while before I might feel myself absolutely bound to do so from consideration for the interests of the institution. But I do not wish to be considered as intending to abandon the profession of medicine. When abroad, it is my intention to pay special attention to medical subjects; and on my return I hope to be able to occupy myself with the general interests of medicine, and as far as capacity may remain to supply it, for the good of a profession to which I have been so long attached.

Having said so much about myself, I will for a few minutes ask the attention of my class.

I have said on several former occasions, when addressing the pupils of this school, that I have noticed a gradual improvement in the character of the several classes which have come under my notice. This may be considered as a natural result of the position of our school. I think we may claim that our classes have been somewhat select; and that they have a tendency to become more and more so with the extension of medical education in various parts of the country. I assure you, gentlemen, I do not think the present class forms an exception to the general rule of progress. I have had the opportunity of examining a large

number of you every week, and, certainly, I have never before been so well satisfied with the answers that have been made me. Your deportment generally, through the winter, has been all that we could wish. In my own relations with you, there has been nothing upon which I can look back with an unpleasant reflection; not a shadow rests on my remembrance of our intercourse. Your respectful attention and personal courtesy have been very grateful to me, I assure you; and I thank you most heartily for all your kindness.

May I, as a man old enough certainly to be the father of any of you, give you some little advice as to your future course of life? Do not suppose that your education is completed. You have laid only the foundation, and erected the skeleton and frame-work, which you are to fill up. Go home, therefore, with the intention of prosecuting your studies vigorously, and do not give out even when business may hereafter press upon you. Do not get into the habit of acting solely and not learning; for we are receiving constant accessions to our medical information and knowledge; and it requires the constant attention of the practitioner to keep himself up with the level of the times. It is not only in reference to your medical knowledge I wish to impress upon you the value of certain courses of action. I wish you always to entertain a due opinion and feeling as to the dignity and importance of your profession. Consider that the reputation of the profession is more or less involved with your own; that you may by your own conduct increase or diminish the estimation in which it will be held; and let this be a strong inducement to regulate your whole course in accordance with the rules of honor and morality. Cultivate carefully all the exteriors which characterize the gentleman; but especially cultivate your moral sense, looking not only to future prosperity in this world, but also to your state in that which is to come. I am sure there is no one of you who, at his last hour, will regret that he has paid some attention to the advice which I now give you. Long experience in life authorizes me, perhaps, to offer some lessons for your use, guidance and assistance in the future. This consideration has been one of my inducements for publishing in a single volume the introductory lectures I have at various times delivered, and for placing a copy of the book in possession of each member of the class. I do not wish you to read these

lectures regularly through. Put the book on your shelves. Once in a while, when you feel occasion for counsel, take it down ; you will find lessons applicable to most of the circumstances in which you may be placed, and when you consult its pages, may I not ask of you to give one thought to your old preceptor ?

I have little more to say. I shall probably have the opportunity, before we part finally, to take each one of you by the hand, perhaps more than once ; but at the close of the session now ending, I must bid you farewell. May heaven, gentlemen, shower its choicest blessings upon you.

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### *Reviews and Notices.*

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LECTURES ON THE DISEASES OF INFANCY AND CHILDHOOD. By CHARLES WEST, M.D., author of *Lectures on the Diseases of Women* ; Fellow of the Royal College of Physicians, etc., etc., etc. Third American, from the fourth revised and enlarged London edition. Philadelphia : Blanchard & Lea. 1860.

The author states in his preface that "the substance of the following lectures was addressed to the pupils of the Middlesex Hospital, in the summer of 1847." He further tells us that the observations upon which these lectures were based, were made in the Children's Infirmary, in which, during the nine years from 1839 to 1847, nearly 14,000 children were brought under his notice, in a very large number of which cases he kept a careful record of their history, as well as the results of the dissections in those terminating fatally. The accumulated result of these observations, as presented in these systematic lectures, is exceedingly rich and valuable as a scientific compend, embracing the author's views and experience in almost the entire range of disease incident to childhood.

The original series embraces xliii. regular lectures, to which is also appended two valuable lectures on Sudden Death in Infancy and Childhood ; and on Cerebral Symptoms Independent of Cerebral Disease.

There are two features in the book that will strike the reader as especially prominent : the first and chief is the maturity of reflection and observation everywhere manifest throughout the

progress of the work ; and then the graceful and attractive manner in which these reflections are presented, render the book easy and pleasant of study — no slight matter in these days of many books. Indeed, in reference to the style of Dr. West, a critic in the *North American Medico-Chirurgical Review*, in noticing another work, compared his style to the elegant manner of Watson, and says, “ He possesses that happy faculty of clothing instruction in easy garments ; combining pleasure with profit, he leads his pupils, in spite of the ancient proverb, along a royal road to learning.” In a word, we may say that this is a new edition of a work that has already long since received the sincere approbation of the profession ; and such of our readers as desire to purchase a new work on Diseases of Children, will thank us for calling their special attention to this book of Dr. West’s.

For sale by Rickey, Mallory & Co. Price \$3.00.

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#### Publications Received.

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*Dental Anomalies*, and their Influence upon the Production of Diseases of the Maxillary Bones. By AM. FOSGET, M.D., C.L.D., etc. Paris: Victor Masson. Translated from the French. Philadelphia: Jones & White.

This is a brief monograph, receiving the prize of the Academy of Sciences, March, 1859, and is full of interest as a pathologico-physiological essay upon the points embraced in the title. It is made especially practical by the detail of numerous cases of dental anomaly, which are fully illustrated by a number of lithographic plates, containing between twenty and thirty distinct figures. Any one desiring to possess this interesting brochure, can procure a copy, sent free of postage, by forwarding forty cents in stamps to Messrs. Jones & White, of Philadelphia.

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*Urethro-Vaginal, Vesico-Vaginal, and Recto-Vaginal Fistulas. General Remarks.* Report of cases treated with the button suture in this country, and in London, Edinburgh, Glasgow, and Parisian Hospitals. By NATHAN BOZEMAN, M.D., of New Orleans (late of Montgomery, Ala.).

This pamphlet is a reprint from the *New Orleans Medical and Surgical Journal*, and is the first of a series of papers on this specialty by Dr. Bozeman. In the pamphlet before us we have an interesting report of the author’s European experience, with details of cases, and reflections. We may find time to give more



space to these reports at a future time, and trust that the author will continue this series, so full of practical interest to the physician. We have heretofore alluded to the fact that Dr. Bozeman had removed to the city of New Orleans, and established a Woman's Hospital there. We doubt not this will prove to the Doctor a wide field for usefulness and honorable reputation.

*Seventeenth Registration Report of Massachusetts, 1858.*—We have received this valuable public document, for the year ending with December, 1858, prepared by OLIVER WARNER, Secretary of the Commonwealth. We have not had the time to examine it carefully, but have looked over it enough to find it a great storehouse of valuable information and statistics; besides, our Boston correspondent has given us a very full resume of its most important points.

*Announcement of Brigham Hall for the Insane.*—This institution for the treatment of the insane is situated at Canandaigua, N. Y., and is under the care of a board of visitors, managers, physicians, and consulting physicians, and is worthy of the confidence of those interested. Drs. George Cook and Jno. B. Chapin are the physicians.

*Godey's Lady's Book*: published monthly by L. A. Godey, Philadelphia, at \$3.00 per year; two copies for \$5.00, three copies for \$6.00. This old favorite with the ladies is courteously sent us in exchange. We notice a commendable feature during the year or two past—a series of excellent articles on Health, and Hygiene and Medical Matters, addressed to ladies; these are by Dr. J. Steinbeck Wilson, of Georgia, one of the editors of the *Savannah Medical Journal*, and add materially to the value of this old-established magazine.

*The Masonic Review*: a monthly journal devoted to Freemasonry. By Cornelius Moore, Cincinnati, Ohio. Published monthly, at \$2 per annum. This exponent of the craft has been placed on our table in exchange, by our much-esteemed neighbor and brother, the editor. In the words of the *Nashville Journal of Medicine*, we only say that “we know many of our readers consider it their proudest boast to claim their membership of this body, and to them we commend the magazine whose name we have written above, believing that they will find in its pages much that will be both entertaining and instructive to them.”

*Dr. Wells the Discoverer of Anesthesia.*—This is a pamphlet giving a summary of the evidence that the discovery of anesthesia is due to Dr. Wells. We have long been satisfied of the truth of this, and should be gratified if the American Medical Association, at its meeting this year at New Haven, would take up this matter, and give a hearty, truthful, generous expression of whatever opinion may result from a fair investigation of the merits of the question.

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### Editor's Table.

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*The Meeting at White Sulphur Springs.*—We have already called especial attention to the meeting of our State Medical Society, on the 12th of June. We are glad to hear that there will be a large meeting of the profession of the State at that time.

We understand that the railroads will extend the usual courtesies to the members, of half-fare rates; besides which, Mr. Wilson has made arrangements for a reduction to excursionists to the Springs, at any time during the season. From this city excursionists will be charged \$5 the round trip via. Springfield, on L. M. R. R., and to White Sulphur Station and back; and \$6 via. Columbus and to Lewis Centre Station and back.

Omnibus conveyance will connect with the trains at White Sulphur Station, on Springfield & Mt. Vernon R. R., and Lewis Centre Station, on Cleveland & Columbus R. R.

We are also authorized to say that those in attendance on the Ohio State Medical Society will not be taxed "watering-place" rates, but simply the ordinary rates of first-class hotels—as, say, at Columbus.

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*Indiana State Medical Society.*—We had the pleasure of meeting with this body, which convened at Indianapolis, on the 15th and 16th of May. The members of the Indiana State Medical Society are an earnest, working body of men, and do great credit to the profession. The annual address of the president, Dr. David Hutchinson, was a full and carefully prepared review of

the progress of medicine ; and exhibited much learning and research. A very excellent and suggestive paper was read by Dr. Witherell, of Lafayette, on *Artificial Lactation*, which gave rise to a general and practical discussion. Dr. Brower, of Lawrenceburg, gave an excellent paper ; as also our friend, Dr. Houghton, of Richmond. The proceedings and discussion were conducted in excellent spirit, and the session closed with harmony, and the best of fraternal feelings. We were gratified to see our occasional correspondent, "Hoosier," taking an active part in the proceedings, and thus contributing to make the Society come up to his high standard of usefulness and success. There was some disposition to rap his knuckles slightly ; but this was given and taken all in the best part. Dr. B. S. Woodworth, of Ft. Wayne, was elected President for the ensuing year ; a most capital and worthy selection. Drs. Parry and Parvin were appointed delegates to the Ohio State Medical Society.

Several medical gentlemen from abroad were in attendance ; amongst these, we had the pleasure of taking by the hand Drs. Goldsmith, Benson, and Wible, of Louisville.

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*American Medical Association.*—This great national body convenes in New Haven on Monday, the 5th of June. Some of our friends have indulged in forebodings as to the character of this meeting, and expressed their fears of various anticipated troubles and vexed questions which were supposed inevitable and "irrepressible." Some have even been so injudicious as to dictate the plan of proceedings — what *must* be done, and what *must* be left undone, to secure the future existence of the Association. We have but a moderate degree of patience with all this sort of thing : it is unkind, ungenerous, and only calculated to secure the end deprecated. We expect the present session of the American Medical Association to be one of the most profitable, in a scientific point of view, that has ever yet been held ; and we trust the self-respect of the delegates will be such as to render it one of the most agreeable and harmonious.

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*Peninsular and Independent Medical Journal.*—The last number of this journal closes the second volume of the combined journal, and, also, announces its suspension. The reason alleged

is, want of support—the expenditures being greater than the receipts. The *Peninsular and Independent Medical Journal* has been edited with marked ability, and the publishers have presented it to their subscribers in good style; and, take it altogether, as the only medical journal in Michigan, and a worthy organ of the profession in the great Northwest, we must say, that we regard it as a burning shame that this journal is thus suffered to die out, for want of enough prompt cash-paying subscribers to meet the paper-makers' and printers' monthly bills. And still, despite such failure with such apparent reason for permanence, if not prosperity, we find new adventurers continually experimenting on these perilous seas; and, we presume, we shall, at no distant day, find hardy mariners in Detroit, ready to launch some new craft. If so, we pray for them a better fate than has been awarded this worthy departed.

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*Georgia Medical and Surgical Encyclopedia.*—We have received No. 1, of Vol. I., of a new medical journal with the above title, hailing from Sandersville, Georgia, and edited by Drs. Horatio N. Hallifield and Tom. W. Newsome. It is a handsome monthly of forty-eight pages, offered to the profession for \$2 per annum. The appearance and tone of this initial number are highly creditable, and we take great pleasure in placing this new candidate on our exchange list. We take the liberty, however, to repeat what we have said before, that we regard this as another unwise waste of good professional labor. Until the profession at large manifest a greater willingness to sustain, amply and heartily, good, reliable, established journals, we consider it the part of wisdom, scientifically and pecuniarily, to *concentrate* influence and patronage, rather than *diffuse* it. This is at least the fourth, if not the fifth, medical journal in the State of Georgia.

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*University of Maryland.*—This old and respectable school of medicine has met with heavy loss in its ranks. We have already noticed the death of the gifted Frick: one of his latest acts of courtesy was to mingle among the throng of mourners at the grave of his young colleague, Dr. B. B. Smith, Demonstrator in the University. Alas! but a few days demanded of other colleagues the same mournful duty towards him. Dr. Roby,

also, who had filled, with great satisfaction, the Chair of Anatomy for sixteen years, has been obliged, on account of enfeebled health, to offer his resignation. We learn from the *Virginia Medical Journal*, that Dr. William A. Hammond, U.S.A., will fill the Chair of Anatomy vacated by Dr. Roby ; that Dr. Edward Warren, of North Carolina, and editor of the *North Carolina Medical Journal*, will succeed Dr. Frick ; and that Dr. George Fernandis is appointed Demonstrator of Anatomy, in the place of Dr. B. B. Smith. The appointments are most excellent. Drs. Hammond and Warren are already favorably known to the profession, and will doubtless sustain with credit the popularity of the University of Maryland.

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*Iowa State Medical Society.*—Through the courtesy of Dr. Irwin, of Mt. Pleasant, we have received the proceedings of the State Medical Society of Iowa, at its recent session, 9th and 10th of May ult., at Dubuque. This report reached us too late for full insertion, and, lest the matter becomes old by standing, we thus briefly allude to it, in this manner. The sessions appear to have been interesting and profitable. We note, that, besides the address of the retiring president, Dr. Barrows, there were a respectable number of reports and papers presented for the consideration of the Society.

The everlasting Langer case came up, of course, and makes a prominent feature of the proceedings, as reported. After considerable discussion, however, it would appear that the whole matter was ruled out, as without the jurisdiction of the State Society—upon the ground that the Scott County Society, which originally expelled Dr. Langer, was simply an auxiliary association with the State Society, and not dependent on it, or subordinate to it.

Dr. R. L. Lewis was elected President, for the ensuing year ; Dr. J. C. Hrges, Vice President ; Dr. Knowlton, Recording Secretary, and Dr. J. M. Adler, Corresponding Secretary. The city of Burlington was agreed upon as the place of the next annual meeting.

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— Drs. Quinn and Gerwe have resigned their places as Physicians to St. John's Hotel for Invalids, of this city.

*To L' Union Médicale de la Gironde.*—All the numbers for the first half of the year 1858, of this journal, are exhausted. We regret that we are unable to supply your missing numbers.

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*To Correspondents.*—The paper by Dr. Sheets will appear in our next number. The transactions of the Clermont county Medical Society received too late for this issue; Drs. Coombs, Lyman, Kennedy, and Pease, are the delegates from the Clermont Society to the State Medical Society.

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*Medical Prizes.*—Dr. John O'Reily, of New York, offers two prizes of \$250 each, "to the medical students of the United States," for the two best essays on the "anatomy and physiology of the animal and organic nervous systems." The essays to be sent to Dr. O'Reily, No. 230 Fourth-street, New York, on or before 1st of March, 1861.

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*Dr. Charters' Address.*—We find in the May number of the *Savannah Med. Journal* a most capital address to the graduating class of Savannah Med. College, by our old friend and neighbor Dr. Wm. M. Charters, formerly a highly esteemed practitioner of this State, now of Savannah. The topics forming the foundation of the discourse are, Truth, Hypothesis, and Theory.

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*New Edition of Hippocrates.*—"We learn," says the *London Athenæum*, "that a new and splendid edition of 'Hippocrates' is now in course of publication at Utrecht, under the auspices of the Royal Academy of Sciences of the Netherlands, and with Dr. Frans Zacharias Ermerins for its editor. It is contemplated, indeed, by the Academy to add to the Hippocrates those of the other ancient medical writers whose reputation may entitle them to such a distinction. The Academy has been fortunate in securing the services of Dr. Ermerins to the criticism and interpretation of Hippocrates. Prefixed to the first volume, we find a preface and copious prolegomena, in the former of which the writer explains the necessity that there existed for a new edition of the Physician of Cos, notwithstanding the labors of Mr. Littré, whose edition of 'Hippocrates,' by the way, although begun in 1839, is not yet completed."—*Med. and Surg. Reporter*.

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"*Physiological Incest.*"—We see that Doctor W. Byrd Powell, of this vicinity—somewhat noted for peculiar views of the eclectic stripe of quackery, and troubled with some morbid fancies that he is a physiologist—has succeeding in finding his way into the pages of some of our cotemporaries; occupying room that we think might have been quite as well filled otherwise; but, then, we admit the force of the proverb, "*de gustibus,*" etc. Our Nashville friends, we see, were not so easily caught napping.

— *A New Book: The Medical Uses of Electricity in the Treatment of Nervous Affections.*—We learn that a new work upon the above subject is about to be issued from the press of Messrs. Ticknor & Fields. This will be a thoroughly systematic work of over 700 pages, and finely illustrated with nearly 100 cuts, showing not only the best "*Methods*" for the therapeutical employment of electricity in the various nervous diseases, but also *showing the anatomy of the parts* (nerve-trunks and muscle-fibres) liable to be involved; moreover, presenting a concise view and means of diagnosis of the great variety of nervous affections met with in everyday practice. This work is from the pen of Alfred C. Garratt, M.D., of Boston, who of late years, it is well known, has made this difficult department of medicine his *specialty*. It is addressed to medical students, and is dedicated to Dr. John Homans, President of the Massachusetts Medical Society. It is intended for the professional eye. There is no similar work in the English language.

— Dr. Brown-Sequard, the eminent physiologist, has been appointed physician to the new hospital for epileptics, in London, called the "National Hospital for the Paralyzed and Epileptic." He proposes to deliver clinical lectures in the hospital. The *Journal de Physiologie*, of which he is editor, will be continued.

— We learn from the *American Medical Gazette* that the operation for exsection of joints has not been very successful in New York city, though performed of late very often. "Dr. Post's case died of tetanus; Dr. Sayre's case was unsuccessful; Dr. A. B. Mott's case had to be followed by amputation. The only case we have heard of which survives, is that of Dr. J. R. Wood, though there are still sinuses and other adverse signs."

— Prof. S. M. Bemiss, of the University of Louisville, has been appointed Registrar of Births, Deaths, and Marriages, by the Governor of Kentucky. The office was created by the last Legislature. Prof. Bemiss is well qualified for the place, and we shall look forward to an interesting report from him.

— We are happy to say to our readers, and his many friends and pupils, that the distinguished Dr. R. D. Mussey arrived in this city a few days since from Boston, where he has been spending the past winter. His health is excellent; and although he has retired from the active duties of his profession, he still takes the liveliest interest in everything which concerns it.

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## Editorial Abstracts and Selections.

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### PRACTICAL MEDICINE.

1. *Constitutional Iodism.*—The principal subject of interest at the last two meetings of the Académie de Médecine was the discussion occasioned by two memoirs on iodine. One of these was by M. Boinet, entitled “Alimentation Iodée.” The writer considers iodine as a preventive as well as a curative agent in all diseases where that remedy is indicated. Taking his starting point from the fact that iodine is found in the soil, in water, and in the air, he considers it as a principle necessary to animal and vegetable life; hence, it is not only a medicine, but also an aliment. Thus where that principle is largely found in the water and in the soil, vegetation is luxuriant, and animals are robust and well developed; but, on the contrary, where it is found only in small proportion, or where it is entirely absent, we meet those diseases which depend upon general debility—as goître, cretinism, scrofula, phthisis, etc. He therefore recommends iodide aliment (*e. g.*, to mix it with the bread) as a curative agent, and preventive against goître, cretinism, constitutional syphilis, phthisis, and cancer (?). Its physiological action, when thus administered, is improvement of appetite, increase of vigor, etc. It never irritates the stomach or bowels. Its prolonged action, instead, as is generally believed, of



producing atrophy of some organs, on the contrary contributes to their development. The injurious effects of this agent must, according to M. Boinet, be attributed to the mode of its administration in a metalloid form, which, even in small doses, irritates the stomach and causes loss of appetite. These inconveniences can be avoided by exhibiting it in such a form as to prevent its precipitation, and to render it absolutely soluble.

The second memoir, on "Constitutional Iodism," is written by M. Rilliet, of Geneva. He admits three kinds of poisoning by iodine: 1st, *acute*, when administered in large doses; 2nd, chronic, producing atrophy of the mammary gland or testicles; 3rd, constitutional iodism, caused by small doses of one-fifth or half a grain internally, or in the form of ointment, continued for some weeks, or even months, for the cure of goitre. M. Rilliet thinks that idiosyncrasy, as well as the place, may modify its physiological action. Where there is a national deficiency of that principle, as in Geneva, the organism not being accustomed to it, the smallest quantity may produce poisonous symptoms. Thus he mentions also a case of residence at the sea coast producing constitutional iodism.

These two contradictory memoirs took the Academy by surprise. The principal statements as yet on the subject were made by MM. Ricord and Buchardat. M. Ricord is so much astonished at the effect of iodine at Geneva, that he begins to doubt whether it is the same agent which renders such valuable services in France. He never administers it in larger quantities than a drachm and a half a day; M. Puche, of the Midi, gives sometimes an ounce and a half daily, and during the last thirty years he has never witnessed any injurious effects. Constitutional iodism, which seems to be the rule in Geneva, occurs only once in a thousand in Paris. He never saw any atrophy of the mammæ. Some very rare cases of atrophy of the testicles may be accounted for in the following manner: The patient suffers from syphilitic sarcocele, and the iodine is administered too late to check its progress; hence atrophy of the testes is the result. Patients suffering from tertiary syphilis grow fat by the prolonged administration of iodide of potassium. He weighed his patients before and after taking it, and he found them invariably gaining by the treatment. Goitreous patients coming from Geneva to Paris are not affected by small quantities

of iodine as they are in their own country. M. Buchardat does not see any contradiction in the two memoirs. From several experiments he made with Stuart Cooper upon the action of iodine, he thinks it a capricious agent. Its physiological action may be different in Geneva from what it is in Paris. The conclusion he draws from the observations of M. Rilliet is that constitutional iodism is prevalent where goître is endemic. We shall hear something more about it at the next meeting.—*Paris Correspondent of London Lancet.*

2. *Prevention of the Unpleasant Taste of Balsam Copaiva.*—Dr. Landerer observes that by keeping the balsam undergoes some change, conferring upon it a taste which is very repulsive to the patient. While, too, some sorts of balsam are of light yellow color, possess a mild aromatic odor and taste, and swim when dropped in the water, there are other kinds which are brown in color, much less agreeable to the smell, are of a sharp, irritating taste, and often sink when dropped in water. He is inclined to believe that these changes depend upon the formation of a resinous acid. At all events, the addition of magnesia or prepared oyster-shell to old, thick, brown balsam, very much diminishes the disagreeableness of its taste. The addition of syrup is a still further improvement; and if immediately after taking the balsam, a cup of well sweetened coffee be drunk, the disagreeable after-taste will scarcely be perceived.—*Buchner's Repertorium.*

3. *Poisoning by Arsenic.*—Dr. Blondlot has communicated, in a paper to the Paris Academy of Sciences, a fact which may be highly valuable in cases of poisoning by arsenic. After numerous experiments, he has come to the conclusion that the slightest quantity of greasy matter in contact with arsenious acid will reduce its solubility to about one-twentieth of what it was before. This explains at once why, in certain judicial investigations, arsenic has been sought for in vain in the liquid portion of the food contained in the stomach, when the food partly consisted of fatty substances, such as broth, milk, etc. It likewise explains how arsenious acid, taken in powder, may sometimes have sojourned a long time in the stomach before it produced any deleterious effect, since in such cases its action was hindered by the presence of fatty substances. Jugglers have been seen swallow-

ing arsenic with impunity, because, according to Dr. Blondlot, they had previously taken the precaution to drink milk and eat fat bacon. Hence it follows that in cases of poisoning by arsenic, fatty substances may be administered as real antidotes, capable of suspending the action of the poison for a considerable time, until more radical means of effecting a cure can be applied.—*Medical Times and Gazette*, February 11, 1860.

4. *Turpentine in Stomatitis Materna*.—Dr. D. S. Brandon, of Georgia (*Southern Med. and Surg. Jour.*, Jan. 1860,) extols the efficacy of the oil of turpentine in the treatment of stomatitis materna. He gives the oil in the dose of twelve drops three or four times a day. If there be constipation, he prescribes a dose of castor-oil, and if there be diarrhoea present, combines laudanum with the turpentine. He says this treatment has proved very efficient in his hands.—*American Jour. Med. Science*.

5. *Relief of the Tenesmus of Dysentery*.—Ansaloni, in his inaugural dissertation, reports the very favorable results obtained by Dr. Leclerc, of Tours, by the combined employment of belladonna, or stramonium and calomel, in dysentery. A large plaster of extr. of belladon. or stramonii (3iss) is placed on the regio pubis, and every morning and evening for a few days a grain and a half of calomel administered. The belladonna and stramonium may be alternated. Tenesmus soon yields to this treatment, as well as all other symptoms of dysentery.

6. *Tartar Emetic in Tænia Solum*.—M. Passot publishes, in the *Gazette Médicale de Lyon*, the case of a patient to whom he gave pretty large doses of tartar emetic for an attack of pneumonia. The man, who was twenty-three years of age, thereupon had numerous alvine evacuations, which brought away a tænia. The patient had never taken any anthelmintic medicine, as he was not aware of the presence of the parasite, though he had passed fragments. M. Passot takes occasion to pass in review the substances generally used to expel tænia, amongst which he of course places pomegranate bark, the ethereal tincture of male fern, and kuosso, in the first rank. Tartar emetic, however, might, according to him, be used in certain cases.

7. *Hydrocyanate of Iron in Epilepsy*.—Dr. Trent, of Richmond, Va., relates the history of several cases of epilepsy treated by

him successfully, in which the hydrocyanate of iron was the chief element of therapeutics. His formula for the administration of this remedy was as follows :

R Hydrocyanate ferri, 3 j,  
Pulv. valerianæ, 3 ij.

Prepare a mass, and divide into 120 pills ; of which, give one pill three times a day, gradually increased to four a day.

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SURGICAL.

8. *Foreign Body in the Nose ; Novel Plan of Removal.* By W. S. King, M.D., Surgeon U. S. A.—This case, as related to me, was as follows : Some time during the past summer, a cherry-stone became lodged in the nares of a small child. All attempts at removal having failed on the part of the parents, the child was brought to Albuquerque, and placed in the charge of a physician. The efforts made to dislodge the stone by this gentleman not meeting with success, the patient was taken to the village barber, who, in addition to his tonsorial functions, practised the healing art. The barber promised immediate success. He administered a powerful emetic, and watching its operation, at the moment when vomiting was about to commence, clapped a handkerchief tightly over the mouth of the child. Either from the violent expulsion of the contents of the stomach against the posterior nares, exit being denied by the mouth, or, the impulse given by the expired air through the same channel, the cherry-stone dropped on the floor.—*American Jour. Med. Sciences.*

9. *Imperforate Rectum.*—Dr. Ellerslie Wallace narrated [Trans. of Phil. Coll. of Physicians] the following case, in which a child with imperforate rectum was permanently relieved by operation on the closed end of the rectal pouch :—

Twelve weeks ago, I attended a lady in her first confinement ; her child was of average size, and appeared to be properly formed in all respects. The infant nursed at the breast for some thirty-six hours, but then refused to take its natural nutriment, and was restless, and evidently in pain. The urine had passed occasionally, and in fair quantity, but there had been no alvine evacuation. I ordered an enema, which returned as soon as given, and produced no movement of the bowels. A cathartic, administered some

hours after, was instantly rejected by vomiting. Sixty-four hours after the child's birth, I was notified that the bowels had not yet been opened, and that it seemed to suffer great pain. I saw it without loss of time, and found the child fretting constantly, and making repeated tenesmic efforts; the abdomen was largely distended, the breathing was short, and the expansion of the lung incomplete, from the great amount of flatus in the hollow viscera, below the diaphragm. The vomiting was frequent, with ejection of meconium. The hands and feet were cold, the face pinched and collapsed, and the pulse was a mere thread.

I explored the rectum with the finger, and found a cul-de-sac, of an inch in depth, passing upward from a perfectly well formed anus; above the terminus of the pouch, I could feel only an elastic mass, of which the character was uncertain, as I was, of necessity, in doubt as to whether the mass was a distended rectum only, or the general bulk of the intestines compressed into the pelvis.

I explained the condition of the child to the family, and requested a consultation with Dr. Keating, who met me soon, and we advised the immediate performance of an operation for the infant's relief.

We mentioned, also, the possibility of the non-development of the rectum above the cul-de-sac, and the certainty of the operation proving unsuccessful if the gut had not been formed, and likewise the possibility of the operation yielding but temporary relief, even if the intestine should be reached by a cutting process.

Dr. Keating held the child for me: I then passed a delicate sharp-pointed bistoury into the anal aperture, and using the little finger of my left hand as a guide, I plunged the bistoury through the terminal wall of the cul-de-sac, making a puncture toward where the rectum should be. Upon withdrawing both finger and knife, a drop of meconium appeared. Being thus encouraged, I repeated the puncture, enlarging the aperture backward, toward the sacrum. I then removed the knife a second time, and had abundant evidence of having divided the intestine more perfectly than before. Again I passed the finger into the pouch, and guiding my bistoury upon it, made an incision of semicircular form, endeavoring to follow the posterior half round of the intestine, so as to avoid the possibility of wounding the peritoneum. The withdrawal of the finger and bistoury was now followed by a free discharge of meco-

nium, of well formed fæces, and of flatus. There was no bleeding worthy of notice. The distension of the abdomen was at once diminished, the child ceased to cry and whine, the extremities soon became warm again, and the pulse increased in force. Twelve hours after the operation, I again saw the patient; there had been no additional dejection; the abdomen was again much swollen, and the child was now refusing its nourishment, though it had nursed frequently and freely since I saw it last. I passed my finger into the bowel, and found the opening obstructed by what proved to be a dense blood-clot; upon breaking it away with the finger, another free discharge took place, and the infant experienced immediate relief.

During the week succeeding, I once advised an enema of warm water, and administered a single dose of oil, being unwilling to allow more than twelve hours to elapse without an alvine evacuation. This has constituted the entire treatment.

The child has never had colic, and has had no difficulty whatever with the opening of the bowels, which has taken place from two to four or five times per day, the matters passed being generally semi-fluid, but occasionally of ordinary solid consistence. It has always nursed well, and thrived well to the present time.

I have informed the parents, that when the fæces shall permanently assume the solid character, I may deem it prudent to enlarge the communication between the proper rectum above, and the terminal pouch, which opens at the anus.

Should anything further presents itself in the above case, I shall report it to the college.—*American Jour. Med. Sciences.*

#### OBSTETRICAL.

10. *Arsenic in Menorrhagia, Leucorrhœa, etc.*—He said, my usual plan of treatment has been, in menorrhagia, if called to the patient during hæmorrhage, to give immediately ten or twenty drops of Fowler's solution, according to the severity of the case, and repeat it in doses of ten drops, every fifteen to twenty minutes, till the hæmorrhage is checked. I have never had occasion to push it to a dangerous amount. Care must be exercised in its administration, as it will entirely suspend the menstrual secretion. I then give five to ten drops three times a day, during the menstrual period, and in the interval, three to five drops, three times

a day, and steadily persevere in the use of it until a cure is effected. Sometimes I use injections, counter irritations to the sacrum by blisters, etc. In either affection, if there is debility, I use tinct. cinchona comp., 3 iij., tinct. cantharidis, 3 ij. Mix, dose a teaspoonful three times a day. I sometimes add spts. ether nitr., and tinct. opii. camphor.

I may state here that I have persevered for months continuously in the use of the remedy, without any unpleasant effects. I know of no remedy so effective and so prompt in arresting hæmorrhage in threatened abortion. It seems to suspend at once the contractions as well as the hæmorrhage. I usually give twenty drops for the first dose, and ten drops every fifteen to twenty minutes thereafter, until the hæmorrhage is checked. In hæmorrhage after delivery, it is equally efficacious used in the same manner and doses, in excessive or long continued lochial discharges in doses of five to ten drops three times a day. In conjunction with the tonic mixture, it acts promptly and efficaciously. I have had cases that resisted other treatment yield speedily to this.

In one case in which the discharge continued for weeks after the usual time, with occasional hæmorrhages resisting other treatment, it yielded promptly to ten drops *ter die* and the tonic mixture. Its *modus operandi* I am acquainted with; that it does not act by inducing uterine contractions appears certain, as it will suspend them in threatened abortion, and I believe in large doses would suspend them at the full period of gestation. I believe it to be a hæmostatic of great power, though I have never had a fair opportunity of testing its powers, and equally as efficacious in hæmoptysis, etc., as it is in menorrhagia.—*Arthur P. Burns, M. D., of Ellicott Mills, Md.*

Since reading the above article, we have had an opportunity to test the merits of arsenic in several cases of menorrhagia. In all of them it proved successful, without producing any unpleasant effects. We have used it in dysmenorrhœa, and leucorrhœa, with results more satisfactory than anything previously used. We suggested its use to a neighboring physician, in a very alarming case of uterine hæmorrhage from placenta prævia, some five weeks before accouchement, where there had been previous attacks of a very threatened character, and at all subsequent

attacks it controlled hæmorrhage, but always produced a strong and persistent uterine aching; the woman went her full period, and had a speedy and safe delivery under the care of Dr. Campbell, with no unusual hæmorrhage, or untoward symptoms.

From the number of above named cases in which we have used arsenic, we think it a valuable remedy and deserving the attention of the profession. Yet we can not go so far as Dr. Burns and say we believe it would suspend uterine contraction at the full period of gestation, if given in large doses, unless the dose was large enough to suspend respiration and circulation. Suspending uterine contraction in threatened abortion, and at the full period of gestation, is a different action altogether. The former is a pathological condition, and the latter a physiological or functional one. The therapeutical effect, or *modus operandi*, of medicine in the two conditions is very different. Opium will suspend uterine contractions in threatened abortion, yet in normal labor will have but little effect, unless in very large doses.—*Belmont Medical Journal*.

11. *Morning Sickness; Its Significance as a Symptom*.—We take from the *British Medical Journal*, of 24th March, the following extract from a communication by Dr. Inman, of Liverpool:

“1 Why are pregnant women sick? 2. Why does the sickness occur in the morning? 3. Why does it occur during the early months more frequently than the latter? 4. Why does not morning sickness attend a distended bladder, bowels distended by flatus, ovarian dropsy, or fibrous or other tumors of the uterus, as often as it attends pregnancy? 5. Does morning sickness attend any other complaint? if so, what have these in common with pregnancy? 6. What is the proximate cause? is it to be sought in the stomach itself, the brain, the uterus, or all combined?”

“In answering these questions, we light upon an interesting series of facts. All pregnant women do not have the symptom in question; many escape it entirely; others have it at one time and not at another; some of those who escape it have flatulence and other signs of dyspepsia; others, simple faintness. If we dive still deeper, we find it common among town-bred women, and rare among the healthiest of the rural population. We find,



as I have had repeated opportunities for observing, that a lady who suffers from it in town is comfortable the day after she resides in the country, and is ill again the day after her return ; and that, for such an one, a prolonged residence in a pure air prevents morning sickness altogether. It is clear, then, that women are not sick simply because they are in the family way ; there is something required in addition to that, to produce the vomiting.

“ We next note that the sickness is most common in the morning ; but it is not generally present so long as the woman is lying down ; nor, if the recumbent posture is continued, will it come on. But no sooner is the erect posture assumed, than nausea comes on, and increases until vomiting follows. Now, as we can not see any material difference in the circulation through the stomach when a person is standing and lying down, we infer that we must carry our observation to some other part of the body likely to be influenced by change of posture.

“ A moment's consideration points us to the brain, as being the organ most affected by change of posture. A hundred cases occur to our recollection of faintness and sickness being produced in delicate individuals by assuming the erect posture ; and we also remember that vomiting is a common sign of ‘ water in the head.’ But it is a tolerably certain fact that very few delicate people do have morning sickness when they get up ; consequently, a change in the cerebral circulation alone will not be sufficient to account for it.

“ We now attempt to get some further insight into the causes which produce it, by examining under what circumstances it comes on in males, children, and elderly people. A gentleman, with his wife (who was not *enciente*), when crossing the Atlantic, both had this symptom to a marked degree. During the day, they could stand the motion of the steamer pretty well ; they never could do so before breakfast. Champagne did more to relieve them than any thing else. The sickness came on invariably as soon as they attempted to stand up. Mr. W., aged 56, consulted a friend of mine for what he called dry vomiting. It came on regularly every morning as soon as he got up ; and he facetiously observed that, if he were a woman, people would say he was pregnant. The man was an habitual spirit-drinker, and indulged heavily over night ; and there was reason to believe that he had

an ulcer in the stomach. A few days ago, I was consulted by a clergyman living in the country ; and one of the most prominent of the symptoms complained of was nausea as soon as he got out of bed, which was very frequently (twice or three times a week) accompanied by actual vomiting ; and as is common in pregnancy, a little mucus alone was ejected, and some flatus. In his case, the disease seemed to be ulcer of the stomach, or atonic dyspepsia. Turning to Dr. Brinton's interesting treatise on this complaint, we find : ' Lastly, in those rarer instances in which the act of vomiting comes on quite independently of the ingestion of food, for example, shortly after rising from a night's sleep . . . the vomiting, which is often periodic, is frequently connected with habitual drunkenness, especially with the collapse that follows a debauch ' (p. 76). The clergyman was on his way to Southport when he consulted me, and he has subsequently called to say that the morning sickness has left him since his residence there.

" We may next remark, as a matter of fact, that children and delicate people generally have anorexia in the morning, even if they have not vomiting ; and sometimes they are totally unable to eat anything at breakfast, from a feeling of faintness or sickliness. This is a tolerably sure indication of deficiency of digestive power in the stomach and in the body generally, and is best met by the use of some mild stomachic and fluid food.

" When we inquire how much the condition of the uterus influences the vomiting, we find that the sickness is not produced by simple enlargement of the organ, for it is not a common sign during the gradual distention that takes place from accumulation of the catamenia in cases of imperforate hymen ; nor is it from pressure in the pelvis, direct or indirect, for the symptom is generally absent from the first to the last in ovarian dropsy ; nor is the sickness produced by growths within the cavity of the uterus, for it is not a common sign in cases of uterine polypus, etc.

" We can not lay much stress upon these facts ; yet we may remark, that morning sickness accompanies the formation of moles, etc., which are supposed to be the result of an act of generation ; and that it also accompanies *extra-uterine* pregnancies, as far as we can judge from the few cases recorded, quite in the same proportion as the *intra-uterine*.

“In the causation, then, of morning sickness, we infer that ‘uterine sympathy’ does not hold so prominent a place as the formation of a new being. But neither the one nor the other hold sufficiently prominent a place to give to them the most important rank, inasmuch as neither one nor the other produces the sickness, unless other conditions are present.

“We ask, next, what these are? As the symptom in question does not occur in perfectly healthy and strong women, we infer that its occurrence depends upon some deterioration of vital power. As deterioration of vital power involves, to a greater or less extent, deterioration in all organs of the body, we infer that, in the cases in question, there is deficiency of vital power in the brain, and in the stomach.

“If this inference be true, we shall find that the best remedies for morning sickness will be those which improve the condition of the patient generally, those which improve the steadiness of circulation in the brain, those which improve the tone of the stomach, those which deaden the sensibility of the organ which has been preternaturally increased by debility.

“Of the influence of change of air upon morning sickness we have already spoken. If this can not be adopted, we must act upon the principle, ‘Diminish the daily work gone through as far as possible, and increase the power to do it.’”

12. *On Special Position of the Obstetric Binder as Aids in the Treatment of Impeded Parturition.* By ROBERT HARDEY, Esq. The position advocated in this paper was the sedentary on chairs, to which the author's attention had been directed in 1827, under the direction of the late R. M. Craven, Esq., sen., of Hull. From that period to the present time, he had adopted this mode of management in all cases where the difficulty to be overcome demanded more than ordinary efforts for the accomplishment of the delivery. In our treatment of labor generally, we were apt to ignore the important fact that the activities of parturition were dependent altogether on muscular power—*ergo*, all agents which sustained and increased motor force were real benefits to the parturient female, and *vice versâ*. Of these exciters of motor power, two of the most valuable were the sedentary posture and obstetric binder.

Mr. Hardey next pointed out the advantages and disadvantages

resulting from a variety of parturient positions — viz., standing, reclining on the back, prone, and horizontal postures, and concluded this part of his subject by a strong recommendation of the sedentary posture on or between two chairs. The plan adopted was to secure the fronts of two chairs to each other, and then separate their back parts from one-and-a-half to two feet; to place the patient well over or between these, with her knees firmly pressed against the side of the bed, her chest fixed by holding on to the foot-post of the bed, and her feet placed firmly on the floor. The accoucheur sat or knelt behind his patient, who remained on the chairs till the difficulties in the case had been overcome, which was evidenced by the emerging of the parietal bones from behind the perinæum. The woman was to be then removed to bed, and finally delivered in the ordinary position. Before seating the patient, her abdomen was to be carefully sustained by a broad binder, to which Mr. Hardey attaches far greater importance than is conceded to it generally. In every case, before adopting the sedentary posture, the part presenting should be somewhat within the pelvis, and the os uteri half dilated. The practice was contra-indicated by—1st, impending systematic exhaustion; 2ndly, inflammation in any vital organ or part more immediately associated with parturition, serious uterine hæmorrhage, previous puerperal convulsions, version presentation, a pulsating funis, and extreme pelvic obliquity. The agents named, the author maintained, secured to the parturient female in impeded labours — *a*, the very important aid derived from gravitation in the uterine ovum; *b*, the putting forth under the most favorable circumstances of the highest amount of motor energy of which nature is capable; *c*, the bringing the abdominal and pelvic axes into the same obstetric plane; and *d*, the imparting great support to the fundus uteri in its contractions by the obstetric binder. He strongly recommended the use of the binder before delivery in a variety of cases, independent of its connection with the chairs, as an agent which usually accelerated the birth of the infant in a remarkable manner. The parturient conditions demanding the use of the chairs and binder were those arising from both mother and infant, in which unusual delay or difficulty presented themselves. The period required for the delivery varied with the obstacles to be overcome; from one to two hours being ordinarily sufficient, with an interval of repose on the bed.

In conclusion, Mr. Hardey commended the practice to his professional brethren from the following considerations; 1st, its great simplicity; 2dly, its entire freedom from danger *per se*; 3dly, its very great potency; 4thly, its testing the ability of nature to accomplish the delivery at a period sufficiently early to enable the accoucheur to decide on the use of instruments before material damage had been sustained by the maternal tissues; 5thly, the conscious satisfaction experienced by the women at feeling her labours progressing toward completion; and lastly, its being a great economist of professional time, which to medical men is property of the most valuable description.

Dr. Granville said that a practice which it was the fashion to laugh at throughout Europe, might be usefully adopted. He believed that it was a most common custom for women to be delivered in a sedentary position in Russia, Greece, Algeria, and some portions of Switzerland; and also in Germany when midwives were in attendance. Had, therefore, this practice, which was adopted by the ancient Greeks and Romans, been found otherwise than useful, it would long since have been abandoned.

Dr. Druitt thought the paper was a valuable one. He believed that the instincts of most women would lead them voluntarily to adopt the sedentary position if they were allowed to do so; and certainly this would very often be the case in difficult labours.

Mr. Pollock said that he would speak from an experience of thirty years; and he believed that the occasional adoption of the sedentary posture often rendered the use of instruments unnecessary.

Dr. Rigby remarked that the adoption of the sitting posture in labour was of great antiquity. He need only remind the fellows of the words of the king of Egypt as recorded in Exodus—"When ye do the office of a midwife to the Hebrew women, and see them upon the stools." In the present day he believed it was not an uncommon custom among the Irish poor for the husband to be called into the lying-in room, so that the woman might set upon his knees.

The author impressed upon the meeting that he only recommended the sedentary posture in certain cases attended with difficulty, inasmuch as the ordinary position on the left side was admirably suited for the greater number of natural labours.—*London Lancet*.

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*Original Communications.*

ARTICLE I.—*On the Delivery of the Placenta, particularly in Abortions in Early Pregnancy.* By L. D. SHEETS, M.D., Liberty, Indiana.

This is one of the most important subjects that can engage the attention of the accoucheur, and one which should be perfectly understood, in all its details, by every practitioner of the obstetric art, before he makes his début in the lying-in chamber. We are sometimes called to a case of abortion, in which the embryo (the term for the stage of development when hæmorrhage and abortions occur most frequently) has passed, and there is now excessive hæmorrhage; the patient is rapidly approaching syncope, with an association of symptoms that always strike terror to the hearts of the friends, and we are entreated to save her. We have no time to consult authorities; and if we do not possess the requisite knowledge, we are mortified by a failure, which may result not only to our discredit, but in the death of the patient, whose life is sometimes very quickly sacrificed by an improper management of the secundines. If we even had time to refer to "the books," we would find the treatment there recommended often, at least, unsatisfactory. So long as I practiced it, of all

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cases, I disliked most to be called to one of early abortions : now I pursue a course which is always immediately successful. It is considered impossible by our common text-books ; but this is a great error, for I have practiced it many times during the last few years.

The management of the placenta, at full term, is generally easy and successful ; but when it is adhering, accompanied by hour-glass contraction (of which it is the cause), or remains adhering after abortions of the second and third months, we are often sorely perplexed. Placenta prævia, a rare affection, of which I have seen but one case, and which died in the hands of quacks, might also be mentioned ; but this generally requires management previous to the birth of the child, so that there is time to consult in reference to the course to be pursued in its delivery. There are different modes of procedure ; but as my experience is very limited, I have no advice to offer.

The feature to which I wish to direct attention is the *immediate* delivery of the placenta, particularly in abortions with much hæmorrhage.

In nearly all cases of labor, at term, the placenta is detached at some period during the delivery of the child, and is found lying over the os uteri. After the expulsion of the child I examine the womb, and if it is pretty well contracted, the probability is the placenta is detached ; to be certain, I take hold of the cord, make gentle traction, ask the patient to bear down, and by the *touch* it is easily felt, if separated. If the uterus does not seem sufficiently contracted, make gentle friction over it with the hand to cause contractions, which will assist in the expulsion of the after-birth, and also guard against concealed hæmorrhage. When, however, you are satisfied of its detachment, there is no necessity for delay ; we need not wait for pains, or for nature to effect the delivery ; by the bearing down efforts of the patient, and the gentle traction in the axis of the superior, then inferior strait, it is soon removed.

When the placenta is adhering, the womb does not assume the globular shape it usually does, but retains, to some extent, its elongated form ; the circular fibres have contracted, producing hour-glass contraction, while the longitudinal fibres are uncontracted. The upper part of the hour-glass is merely large enough

to contain the placenta, which is pretty good evidence that its adhesion is the cause of this peculiar contraction. Traction on the cord produces no effect. The placenta is beyond the reach of the *touch*; and if it is partially detached, hæmorrhage may be profuse and soon exhaust the patient.

I had a case of this kind, several years since, in which the patient fainted from hæmorrhage a few minutes after delivery. I administered stimulants, and as soon as she rallied I introduced my hand, but at her urgent request, on account of the extreme pain the efforts to detach the after-birth caused, foolishly withdrew it before the separation was accomplished. She again sunk; became pulseless; skin covered with a cold, clammy sweat; and death seemed imminent. Pressure on the aorta, which caused severe cramps in the inferior extremities, this time alone caused reaction by arresting the hæmorrhage. I again introduced my hand and delivered. She was so much prostrated that brandy was administered every half hour, for about thirty hours: during that time she could not turn from her back to either side without fainting; the least effort to change her position seemed to interfere with the action of the heart. She recovered slowly.

When you are satisfied the placenta is adhering, there is no use in waiting for nature to detach it: the adhesion is generally morbid, and you must resort to manual delivery. Dr. Corbett, in *Braithwaite's Retrospect*, Part 22, reports a case of premature labor, in which the placenta was so intimately connected with the uterus that he could not detach it, and the patient died of hæmorrhage. A post-mortem was made, but he could not then separate it "without destroying its own substance or that of the uterus." The union was so intimate "as to render it impossible to tell where the placenta terminated, and the uterus commenced." Such cases, however, must be very rare.

We come now to that part of the subject which chiefly induced the writing of this article, *videl.*, the delivery of the placenta in the abortions of early pregnancy. These cases are of frequent occurrence, and are often annoying and embarrassing to the practitioner on account of hæmorrhage.

The expulsion of the ovum (occurring during the first month) is not attended by much hæmorrhage: the uterus being but slightly developed, its vessels are consequently small, so that the



separation of the *caduca* from it is attended with very little bleeding; besides, there is, as yet, no placenta. But in cases of expulsion of the embryo (occurring during the second and third months), after the formation of the placenta, we often meet with excessive hæmorrhage. In the latter cases we seldom see the embryo, as it has generally passed, and perhaps been thrown out, before we are called; but the after-birth remains adhering to a great extent, and we are summoned on account of continued and exhausting flooding.

When called to a case of threatened abortion, early, of course, we should use every effort to prevent its consummation; but when the patient has been wasting a great deal, for a number of hours, and the pregnancy is of the second or third month, we may be almost certain the embryo has passed, and that an adhering placenta is the cause of the hæmorrhage, which should be removed at once. We make out the diagnosis by the *touch*, as we can often, without any extra effort, feel part of the after-birth at the internal os; but if this examination prove unsatisfactory — if we feel nothing — we must introduce the finger still further, *until we can traverse the whole internal surface of the womb*, and in perhaps every case we will find a placenta.

The idea appears to have obtained pretty generally that the placenta can only be removed, in early abortions, if at all, by means of the placenta hook, placenta forceps, or some other mechanical contrivance; and that when these fail, a resort must be made to the tampon, ergot, etc., to arrest the hæmorrhage, the after-birth to be left to decompose and pass off, or be absorbed.

The tampon, I am persuaded, has been a source of mischief, and the cause of much unsound practice; it has been abused. Knowing that it will temporarily arrest hæmorrhage, it is at once resorted to, and proper efforts to detach the placenta are not made, and the patient is left to a recurrence of flooding for days and weeks; while, on the other hand, if the placenta were immediately removed, the bleeding would stop forthwith; for an empty womb rarely gives trouble on account of hæmorrhage.

In the last number of *Braithwaite's Retrospect* a case is reported by R. Jones, Esq., in which he was called, several days after the ovum (embryo) was reported to have been expelled, on account of profuse hæmorrhage. He says nothing about a placenta (it

being a three months' pregnancy), nor does he even say he ever made an examination per vaginam, but instantly applied the plug. For the next month or five weeks hæmorrhage recurred: the tampon, ergot, opium, *et id genus omne*, were all used in turn, but without effect. As a *dernier ressort*, calomel was employed, which probably hastened absorption of the placenta, which I believe was there, and *she got well!* It seems he has had some such cases since, and I presume always will, until he adopts more rational practice. Now he prefers ol. terebinth as a remedy!

Meigs says, in his *Obstetrics*, "A good many cases of abortion, in the early stage, as from the sixth to the tenth week, have fallen under my notice, in which the uterus was unable to expel the remains of the ovum (according to Chailly, embryo), and in which I could not extract it." How remarkable that the corypheus of obstetricians in this country should fail in what can be performed in every instance! He thinks it "better to leave these cases to nature, than to make repeated attempts to extract by force, which have already proved quite vain, as there is as great danger of exciting inflammations by those attempts, as could be anticipated from the gradual maceration of the ovum." I think so, too, if you employ some of the instruments in use for this purpose.

Chailly says, "If the placenta should still be adhering to the womb, and if the condition of the cervix will not permit it to be seized, its extraction can not be accomplished; we must then depend upon refrigerants, ergot, and the tampon." He says, further, "Whatever may be the points of the case, no forcible attempts must ever be made to overcome the resistance of the cervix: this would be the most certain means of aggravating the hæmorrhage, without in the least facilitating the delivery."

In regard to the resistance of the cervix, I have never found any difficulty; at least none but what was readily overcome by gentle perseverance. Nearly always these parts are so relaxed by hæmorrhage as to offer no resistance to the introduction of the finger.

Ramsbotham says, "It is, therefore, highly desirable that when the embryo has passed, the placenta should be removed as speedily as possible; but this can not be effected by the agency of the funis, for the cord is so tender that the least straining will cause it to break. We shall be unsuccessful in any attempts we may make to get it away by the introduction of the hand; for

the uterus is not large enough to admit the passage of the hand within it. Unless, then, it be partly lying in the vagina, so that we can embrace it between two fingers and draw it away, we must rely on those means best calculated to prevent hæmorrhage, including the plug, and give the ergot of rye, in the hope of exciting the uterus to such efficient action as will eventually throw it off." How surprising it did not occur to this sagacious author that, if the hand could not pass, one finger might.

Dewees recommends a small wire crotchet, in such cases, to be carried within the uterus, even to the fundus, and drawn slowly downwards, by which means the placenta is transfixed and extracted. This method is rather dangerous — there is too much groping in the dark; and, as Ramsbotham justly observes, the hook may as readily pierce the living membrane of the uterus as the placenta. I have employed the hook, however, when I could feel part of the placenta at the internal os; but it would tear out as quickly as I could pierce the placenta, without removing a particle of it.

These cases may be treated with the tampon, ergot, etc., but I have discarded them long since for a more speedy and effective mode of treatment, and which is quite as safe. By the old treatment the patient is liable to frequent attacks of profuse hæmorrhage, which gradually exsanguinate and exhaust her; but by the immediate removal of the placenta she is at once relieved of those perils.

My method is to remove the placenta with the index finger, on which I always keep a tolerably long nail for the purpose of separating the after-birth from the womb. The nail should not be too long, or it will not be sufficiently firm, and may bend backwards while using it. Push the uterus as low down in the pelvis as possible, and retain it there with the left hand, while you introduce the index finger of the right hand into its cavity, and pull off the placenta and remove it. Sometimes it is a little difficult to separate with a single finger, and I do not get quite all removed; but it is so much broken up as to arrest the violence of the hæmorrhage, and render the tampon, etc., unnecessary; in a few days the remainder will come away piece-meal. The detaching of the placenta causes considerable pain, and you are sometimes obliged to desist a few minutes, without removing the fin-

ger, to let the patient have a little rest ; but I have never seen any bad results follow the operation : indeed, I often do not visit the patient again, when she lives some distance in the country. The recuperative powers of the uterus are very great, and the danger of inflammation is overrated. On account of having short fingers, I am often obliged to introduce my hand into the vagina ; but I always reach the fundus of the womb without difficulty.

Let it be known that this is a safe and sure method ; and if the fact that the placenta can always be extracted be impressed upon the minds of young obstetricians, abortions will be robbed of their terrors.

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ART. II.—*An Anomalous Case.* By G. L. PURDY, M.D., Salem Station, Ohio.

The following unique case may be of some interest to the medical profession ; and being of the opinion that cases presenting interesting features, or departing from the regular type, should be published for the mutual benefit of the profession, I take the liberty of presenting the following case through the medium of this journal :

When I state the fact that I have looked over my works on practice, though somewhat limited, and can not find a case like it ; and, in all my reading of medical journals, which has been quite extensive, I do not recollect of meeting with a single case ; and that I have described the case to several physicians of extensive experience, and they all tell me that they never saw a case like it, nor remember of reading of one, — it will be a sufficient apology for the recording of the case.

John E——, aged fourteen years, was attacked, about the first of last February, with a severe chill, followed by violent fever of a high inflammatory type, with intense pain in the back of the head, corresponding to the seat of the cerebellum, attended by considerable delirium, and constant and rapid winking, probably sixty or seventy times a minute ; pulse thirty, full and bounding. He complained of soreness of the spine, but especially the sacrum and hips ; complained, also, of double vision, occasionally.

In about twenty-four hours from the commencement of the attack, the muscles of the back of the neck began to gradually

and slowly contract, so as to draw his head backwards between the shoulders. There were no intervals of relaxation, as in ordinary spasm, when the head could be moved forward ; but they might be compared, so to speak, to the cords of a pulley, constantly drawing, and maintaining all they got, thus keeping the head permanently between the shoulders.

He was attended for a week by a physician of the neighborhood, who pronounced it typhus fever, and, I presume, treated it accordingly. The case not improving, Dr. Rotsel, of Rome, was called in consultation on the 7th, and thought the case to be inflammation of the cerebellum, and probably, also, of a portion of the medulla oblongata.

The treatment resulting from the consultation was, a blister to the nape of the neck, cupping of the sacral region, and vegetable alteratives. Under this treatment the violence of all the symptoms, except the opisthotonis, abated. The amendment, however, was but transitory ; for in a few days the symptoms again became worse, and by the 14th were as bad as before, except the febrile action had lost its continued character, and assumed that of a distinct remittent type.

Upon this day, the 14th, the attending physician was discharged, and Dr. Rotsel solicited to take charge of it. Before prescribing for the case, the Doctor requested my opinion and advice in it, as he thought it a very difficult, if not hopeless case. At this time my personal knowledge of the case commenced.

I found the boy in the following condition : Head permanently drawn back as far as the vertebræ of the neck would let it go ; he had no power to move it forward, nor could any justifiable extraneous force flex it but a very little ; could turn himself in bed without much pain ; there was no abnormality of the functions of sensation or motion, except, on three several times, his mother had noticed a slight tremor of the muscles of the front neck, and upper portion of the trunk and arms : it, however, passed off in less than half an hour ; there had been no coma, or unnatural drowsiness ; pupils of the eyes natural ; the constant and rapid winking still continued ; there was, also, a slight hesitancy and slowness of speech ; complains of a dull, heavy pain in the back of the head and neck, particularly for about nine hours out of the twenty-four ; skin frequently hot—*calor mordax* ; pulse 108,

rather weak ; tongue furred, and inclined to be dry ; bowels confined.

The fever was now of a regular remittent type, the acme of the febrile paroxysm being from 3 o'clock P. M., to midnight. During these exacerbations he complained greatly of his head, which became very hot, and of the sacrum and hips, and was more or less delirious. When the paroxysm ended, he became comparatively easy.

From all the symptoms presented, I could not materially differ from the diagnosis of Dr. Rotsel. The treatment which we thought proper to pursue was, as the neck was already sore from a previous blister, to shave the back part of the scalp and apply a blister, and ordered ten grains hyd. chlorid. to be given, to be followed by a dose of oil in six hours. After the cathartic had operated, to have tinct. gelsemium, thirty drops every two hours, until its constitutional effects were produced ; then lessened to an amount sufficient to keep the system under its influence, which was from twenty to twenty-five drops. As a diaphoretic, and relaxant of the general system, I think the tinct. gelsemium unsurpassed.

The following alterative powders were to be commenced with after the cathartic had operated :

R Hydrargyri sub murias, 20 grs.,  
Pulvis opii, 4 grs. M.

Divide into ten powders, one to be taken every third hour, until the gums were touched ; during the remission, to have two grains quinine every second hour ; the spinal column and hips to be well bathed with a liniment compound of tinct. capsicum, alcohol, and the oils of cedar, sassafras, and origanum, four times a day.

During the febrile excitement ice was ordered to the head, and sinapisms to the feet. At the request of the Doctor, I saw the case for a few days with him.

February 15th. Cathartic had operated well, but the blister had not drawn, nor even reddened the scalp, except a place the size of a half-dollar, behind each ear. Symptoms the same as yesterday. Ordered the blister to be kept on until we came again, if it did not raise a blister before. Other medicines to be continued.

16th. A very slight improvement ; the febrile excitement shorter

and less violent: pulse 98; the blister failed to produce any effect. Why should this be so? I am at a loss to determine, unless it can be ascribed to the intense inflammatory action within the cranium, which, through the nerves, was distributed to this part of the scalp, altering its vital action in such a manner as to prevent it taking cognizance of the irritant. The plaster was good, as proved a few days before and subsequently, so that the fault was not referable to the plaster. The scalp appeared dead and lifeless, and threw off several very small sloughs. Directed the blister-plaster to be removed; the other medicines to be continued as before.

17th. A very little better: paroxysm of fever shorter; pulse 96: tongue becoming moister and cleaner: the appetite a little better. Medicines continued.

18th. Improvement continues: paroxysm lasted only three hours: pulse 92: gums slightly touched: the neck a little straighter. The alterative, quinine, tart. gelseminum, etc., to be continued.

19th. Better: paroxysm shorter: pulse 94. The bowels not having acted since the 15th, was ordered some oil: after its operation, the medicines to be continued as heretofore.

20th. Much better. Still had sporadic vomit: paroxysm of fever very slight. All the secretions active. Gums well touched: pulse 86: more motion of the neck: pain in the head and sacrum very slight. The alterative to be withdrawn in a day or two. The quinine and gelseminum to be continued until the hectic excitement entirely ceases.

I now discontinued my personal attendance with Dr. Russell. The case sensibly improved up to the 24th, when, from want of sleep, he had a severe paroxysm of fever for thirty-six hours, accompanied with a return of pain in the head. Dr. Russell put the same old blister-plaster upon the scalp, where in the former instances it produced no effect: but this time it raised a fine blister in two hours. After the thirty-six hours there was no return of fever, and the boy sensibly improved, the neck and head gradually coming back to their normal position.

The boy is now well, and his neck is as straight as anybody's can get, as yet, being his time in contact with the scroffum.

W. ultimately, he aims to be so.

ART. III.—*Interesting Cases.* By E. J. FOUNTAIN, M.D., Davenport, Iowa.

*Obstinate and Violent Neuralgia of the Uterus promptly Relieved by the Hydrochlorate of Ammonia.*—Three weeks after confinement, Mrs. E—— began to experience irregular neuralgic pains through the pelvis, which in a few days manifested all the peculiarities of uterine neuralgia. It gradually increased in severity, until in about a week the suffering became excruciating, and resisted every method of treatment ordinarily followed in such cases. In order to obtain some freedom from pain, and rest at night, she took large quantities of morphine and tinct. opii, with only partial relief; and as soon as the effect of the opiate passed off, the pain would return with increased severity. After this extreme suffering for six or seven days, the lady seemed on the verge of insanity.

Recollecting an account of a case of facial neuralgia promptly arrested by the muriate of ammonia, published in *Braithwaite's Retrospect*, I concluded to give it a trial in this case. I ordered half a drachm to be taken every hour, until some effect should be produced. She began to feel some relief shortly after the first dose, still more after the second; and the third dose removed every vestige of pain, and she dropped into a natural and refreshing sleep, the first she had enjoyed for ten or twelve days. She continued taking the preparation for several days, three times each day, in gradually diminishing doses, and had not the slightest return of the difficulty.

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*Anti-Lactescent Properties of Belladonna.*—By frequent and successful trials of this article, I have long since been perfectly satisfied that it possesses the property above indicated. I believe this is now generally acknowledged by the profession; but if any are yet skeptical, the following singular case will, I think, remove all doubt on the subject:

I was recently consulted by Mrs. H——, on account of a long continued secretion of milk, which she was unable to arrest. Three years previous she had been prematurely delivered of a still-born child, and from that time to the present milk was constantly and abundantly secreted in each breast, and she was obliged to



milk it out or have it drawn out every day. Ocular demonstration was furnished me of the truth of her statement relating to the quantity of milk. She informed me that for *three years* she had tried every method she or her friends had ever heard of to arrest it, but all to no purpose: it was still as abundant and troublesome as ever. I immediately gave the following prescription, which I find to be about the best form of using the belladonna in such cases:

R Ext. belladonna,  
Ung. glycerine, aa ʒ ij. M.

To be rubbed freely over *all* the breast, and covered with oil silk to protect the clothing. By the time this was all used, less than a week, the secretion of milk was entirely arrested, and has not since returned.

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*A Case of Cross-Birth, with the Funis and one Arm Presenting, converted before Delivery into a Presentation of all the Extremities, together with the Funis.*—On the 3d of September I was called to attend a case of difficult labor, in consultation with Dr. Maxwell, of this city. I found the patient in strong labor pains, and on examination discovered one hand and quite a large portion of the cord presenting. The pulsation had not been felt in the cord for some time; and when I arrived, the foetal circulation had evidently ceased altogether.

An effort to accomplish the operation of turning was immediately decided upon. For this purpose I introduced my left hand into the uterus, and succeeded in finding and bringing down one of the feet. In doing this I found one hand lying across the body, immediately below the foot I had secured; and in bringing down the latter, the hand was unavoidably pressed before it. I labored in vain for quite a long time to effect the evolution by traction upon the foot, and pressure upwards against the shoulder. I finally decided upon introducing my hand again into the uterus, and trying to accomplish the same object by the other foot. I found it without much difficulty, and at once brought it down into the vagina, further than it was possible to draw the other by any amount of force that could be applied. I now had two hands, two feet, and a portion of the cord, all presenting at one time!

I passed up and secured around the ankle of the foot last brought down the loop of a strong band ; and making firm traction upon this, I pressed up one arm and the presenting shoulder with the other hand, and in a little time succeeded in effecting a perfect evolution, and brought away the child without any further difficulty. All efforts to resuscitate the child proved ineffectual ; but the mother sustained no injury, and soon recovered from her confinement.

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### Proceedings of Societies.

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*Thirteenth Annual Meeting of the American Medical Association.*  
Held at New Haven, Conn., June 5th, 6th and 7th, 1860.

The members of the Association convened at the Chapel of Yale College, and at 11 A. M. were called to order by the President, Henry Miller, M.D., of Kentucky.

A prayer was offered by Prof. Fisher, of Yale College.

Dr. Jonathan Knight, of Connecticut, on behalf of the Committee of Reception, welcomed the members of the Association to the hospitalities of the city. He spoke in graphic terms of the benefits accruing to the profession and to the world by the annual gatherings of the Association, which kept up a good feeling between distant members of the profession ; he recommended such modes of action as would advance the general interests of the profession. He gave an epitome of the gradual progress of medicine, and dwelt at length upon the improvements in surgery, made during the present century, alluding to the operation of lithotripsy, the ligation of the large arteries, and the introduction of anæsthetic agents. The address was listened to with profound attention, and greeted with marked applause.

Dr. Chas. Hooker, Professor of Anatomy and Physiology in the medical department of Yale College, as Chairman of the Committee of Arrangements, addressed the Association as follows :

*Mr. President and Gentlemen of the American Medical Association.*

It is with unwonted gratification that the Committee of Arrangements welcome you to the City of New Haven. And we only bespeak the common feeling of our citizens in saying that we are delighted — nay, proud — to receive

you as our guests. We feel that any city is highly honored to become the chosen place of meeting of the American Medical Association — a select delegated national Congress, representative of forty thousand members of a learned and humane profession. As a city, we appreciate this honor, and should be ungrateful did we not receive you with a generous and cordial welcome. You meet, gentlemen, for a great and noble object — for the promotion of science, vitally linked with the interests of humanity. Your meetings have a most happy influence in strengthening those ties by which the great Fraternity of Medicine are bound in social compact. Another salutary incidental benefit of your meetings results from their affording an annual period for relaxation and social enjoyment.

Too many physicians prematurely break down in their career of usefulness in consequence of unremitted and arduous application to their professional duties, and many of you now present, whose exhausted physical and mental energies need recruiting, could hardly have been drawn away from your routine of toil and care, but for your sense of bounden duty to aid in the great object of this Association. We congratulate you, therefore, brethren, on this annual recurrence of our National Medical Jubilee. In behalf of the Faculty of Yale, we welcome you to the halls of this ancient seat of learning, in which you are invited to hold your sessions; and in behalf of the citizens generally of New Haven, we tender you the hospitalities of our city.

We hope that to all of you this meeting will be a season of pleasant social intercourse, long to be remembered for the many friendships here formed; and we trust that the harmony and wisdom of your counsels will efficiently promote the great benevolent objects of our organization.

He then gave notice to the members that arrangements had been made to accommodate the meeting of the different sections as follows: On Anatomy and Physiology, in Prof. Woolsey's lecture room; on Surgery, in the Geological Cabinet; on Practical Medicine and Obstetrics, in the Geological Cabinet; on Chemistry and Materia Medica, in the Chemical Laboratory; on Meteorology, Medical Topography, Epidemic Diseases, Medical Jurisprudence and Hygiene, in the Chemical Laboratory.

At the last annual meeting in Louisville, it had been recommended to divide the Association into the above sections, in order to facilitate the transaction of business.

After the calling of the roll by the Secretary, Dr. S. M. Bemiss, Ky., on motion of Dr. John Atlee, all the medical officers of the Army or Navy present, were invited to take seats in the Association.

The committee appointed at the last meeting to prepare a code of parliamentary rules for the government of the Association, stated that their report, chiefly the work of Dr. Chas. A. Linds-

ley, of Conn., was ready, and as it was brief, arrangements had been made for its immediate commitment to the press and distribution among the members, if adopted by the Association.

After some debate, the report was laid on the table.

A recess was here allowed, to permit the delegates from the different States to choose their respective member of the Committee on Nominations.

At a quarter before one, the Association was again called to order, and the following gentlemen declared the Committee on Nominations: District of Columbia, Dr. Boyle; Maryland, C. C. Cox; Kentucky, R. I. Breckenridge; North Carolina, James H. Dixon; Tennessee, I. S. White; Delaware, Lewis P. Bush; Louisiana, Austin Flint, Jr.; Minnesota, D. W. Hand; Georgia, N. W. Brown; Massachusetts, D. Humphreys Storer; Maine, Amos Nourse; Indiana, Daniel Meeker; New Jersey, J. S. English; New Hampshire, George H. Hubbard; Illinois, A. S. Ford; Mississippi, U. G. Williams; Michigan, C. L. McArthur; Pennsylvania, Wilson Jewell; Iowa, D. L. McGugin; Ohio, Robert Thompson; Missouri, M. A. Pallen; Vermont, Charles L. Allen; Virginia, James H. Connag; Connecticut, L. N. Beardsley; South Carolina, H. R. Frost; New York, H. D. Bulkley.

A motion was passed to invite the members of the Legislature of Connecticut, then in session at New Haven, to be present at the afternoon session, as the address of the retiring President, which would then be delivered, would contain points of medico-legal interest. On motion the Association adjourned to meet again at 3 p. m.

*Afternoon Session.*

At 3 p. m., the Association was called to order by Vice President H. F. Askew, of Delaware.

Gov. Buckingham and Lieut. Gov. Catlin, of Conn., on the platform, were introduced to the meeting by the chairman.

The retiring President, Dr. Henry Miller, of Ky., then read his valedictory address.

The Secretary, Dr. Bemiss, of Ky., then read additional names of delegates whose credentials had been examined by the Committee on Credentials since the morning meeting.

The Nominating Committee here reported the following names as those of officers for the ensuing year. The gentlemen nominated were elected by acclamation.

President — Eli Ives, Conn.

Vice Presidents — Wilson Jewell, Pa., A. B. Palmer, Mich., Joseph P. Logan, Ga., Jos. N. McDowell, Mo.

Treasurer — Caspar Wistar, Pa.

The Chairman then appointed the following escorts to the officers elect :

For Escort to President — Jonathan Knight, Conn., Dixie Crosby, N. H.

For Escort to Vice Presidents — W. C. Snead, Ky. ; William Brodie, Mich. ; Edward Warren, Md. ; R. C. Foster, Tenn. ; K. J. Bowditch, Mass. ; Lewis A. Sayre, N. Y. ; Jno. L. Atlee, Pa. ; Austin Flint, Jr., La.

Business was then suspended while the officers elect were conducted to their places by the Committees of Escort, and severally introduced to the Association by the chairman, Dr. H. F. Askew, of Delaware.

Dr. Eli Ives, President, in taking his seat, made a short address, in which he stated that, in giving thanks for the honor conferred upon him, he would be ungrateful not to publicly thank the profession for all he was and all he possessed. All his property and reputation had been derived from his profession, and therefore deserved his thanks. His father had been a physician, and one of the founders of medical societies ; he had two sons and one grandson, physicians. He had always loved and enjoyed his profession, and to all present he would repeat what Dr. Rush remarked to his class in 1801 and '2 : " Gentlemen, if you don't like your profession, the sooner you leave it the better." He had been practicing medicine longer than any present, and when he could no longer do so, he would himself be carried to the bedside.

Dr. Wilson Jewell, of Pa., stated that it is not customary for Vice Presidents to make addresses on their election, or to preside over the deliberations of the electing body. The first he would not attempt, but at the request of the President, (who is too aged and feeble to preside,) he would attempt the latter, and all he asked was allowance for any of his infirmities. He would endeavor to preside with strict impartiality.

Dr. N. S. Davis, of Ill., introduced the following resolutions, to carry into effect the arrangements adopted at the last meeting

of the Association, to facilitate the transaction of business in the consideration of scientific matters by the divisions into section :

*Resolved*, That the general meetings of the Association after this day shall be restricted to the morning sessions ; and the afternoon sessions, commencing at 3 o'clock, shall be devoted to the hearing of papers and discussions in the several sections.

*Resolved*, That each section shall choose its own officers, and make its own rules of order.

*Resolved*, That all essays, voluntary communications and reports, except those from the officers of the Association, and the committees on medical education, medical literature, and the committee on prize essays, shall be first presented or referred to the appropriate section and receive its recommendation, before they can be referred to the committee on publication.

The first and second resolutions were adopted. The reading of the third resolution called forth considerable discussion, during which several amendments were proposed and withdrawn. Some members thought that everything appearing in the printed account of the Transactions, should undergo proper revision and alteration by a special committee ; others were of opinion that the Association was not responsible, as an Association, for everything that emanated from them, and therefore addresses and papers should appear in the original language of their authors without alteration. Several gentlemen refused to submit their papers to any revision, and stated that if the Association did not choose to print them as they were, they would publish them themselves at their own expense. Over an hour was consumed in this discussion, when, on motion, the resolution was laid on the table to give the mover an opportunity of so altering it as to meet the views expressed by the different members.

On the recommendation of Drs. Timothy Child, and David S. Conant, Dr. Wm. B. Little, of San Francisco, Cal., was admitted a member by invitation, there being no representative from his section of the country a member of the Association. The following gentlemen were appointed a Committee on Voluntary Communications : E. D. Force, Ky. ; Thomas W. Blatchford, N. Y. ; N. S. Davis, Ill. ; ———, Rochester, N. Y. ; Dr. Beuschenberger, Pa.

The Treasurer, Caspar Wister, M.D., of Pa., then made his report :

He reported that out of a list of 2,000 names, he had only some  
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200 annual subscribers to the volume of Transactions, and these were obtained only after the persisting solicitations of the Treasurer, addressed to each permanent member, announcing the publication of the last volume of the Transactions. Of the printed volumes of Transactions, there were still on hand, for sale at the following prices: years 1846 and '47 of the organization of the Association, 50 cents each. Vols. 1, 2, 3, and 4, out of print. Vols. 5, 7, 8, 9, collectively as a set, \$5 00, separately \$2 00 each. Vols. 6, 10, 11, at \$2 00 a volume. Vol. 12, at \$3 00.

Cash on hand, April 15, 1859,	-	-	-	\$651 00
Received from delegates for last volume of Transactions,	-	-	-	2,430 00
On hand,	-	-	-	597 61

The report was accepted, and referred to Committee on Publication.

On behalf of the Committee on Publication, Dr. Caspar Wister reported that the delay in the appearance of the last volume of the Transactions had been caused by the delay of the authors of several articles in returning corrected proofs of their articles, the proofs having in one instance been detained nine weeks, and in another fourteen weeks. The committee hoped some action would be taken to prevent a similar occurrence in the future. The cost of printing the last volume of Transactions had been \$1,659.

There were remaining on hand, of the volumes containing the proceedings of the first meeting of the Association, 45 copies; vol. 5, 241 copies; vol. 6, 11 copies; vol. 7, 51 copies; vol. 8, 212 copies; vol. 9, 242 copies; vol. 10, 165 copies; vol. 11, 152 copies; vol. 12, 497 copies.

The report was received, and referred to the Committee on Publication.

No other committees being prepared to report, the Association, on motion, adjourned.

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SECOND DAY, Wednesday, June 6, 1860.

The Association was called to order at the Chapel of Yale College, at 9 o'clock A. M., by Vice-President Dr. Wilson Jewell, of Pa. The minutes of the previous day's proceedings were read and adopted. On motion of Dr. Gardner, of Mass., the rules of order were suspended, to allow V. P. Dr. Logan to offer a resolu-

tion. Dr. Logan then tendered his resignation as Vice-President, which was accepted.

The Committee on Education, through Dr. Reese, of N. Y., Chairman, made their report.

The report urged the adoption of a higher standard of qualifications than are now considered requisite. The present winter sessions were considered too short, and they thought the session should continue six or nine months, and there be fewer lectures on each day.

They urged the introduction of chairs on various subjects, now not taught in medical schools, such as hygiene, medical literature, etc.

The report considered sufficient attention was not paid to clinical (at the bedside) instruction, and that the required curriculum of study should be extended to various collateral branches, without a knowledge of which no man could properly perform his duties as a physician — even though he possess diplomas from regular medical schools; and they urged upon the Association the importance of taking prompt and efficient action to increase the standard of the profession, as whatever reform was to be instituted, should emanate from this body, and the matter should be taken in hand immediately, instead of appointing successive committees, thus incurring a year's delay, again and again.

The Committee desired to be considered as having no desire for any fastidious reform, but only desired such changes as would increase the general interests of the profession.

In conclusion, the Committee offered the following preamble and resolutions, which they desired to be considered as part of their report :

*Whereas*, It is the deliberate judgment of the American Medical Association, that the time has fairly come for the introduction of improvements into the present system of medical education, which shall elevate the existing standard of qualification for the Doctorate, and especially for securing and encouraging a higher degree of attainment in the science and of skill in the art of medicine than has been heretofore accessible to students in our country, and

*Whereas*, This body of American Physicians is regarded by our fraternity everywhere as the acknowledged head and representative of the medical profession in the United States, and it is therefore looked to for prescribing the terms and qualifications of those who are henceforth to be admitted and recognized into our fellowship as brethren and equals in the profession; therefore,



*Resolved*, That it be hereafter regarded as an indispensable prerequisite to enrollment as a student of medicine in the office of any regular physician, that the party shall be at least seventeen years of age, of good moral character and habits, and shall have received a good English, classical and mathematical education, and be able to read and translate the Latin language, and have an elementary knowledge of Greek, so far, at least, as to be able to trace the derivations from it to the English language.

*Resolved*, That this same requisite be made indispensable before matriculation in any regular medical college can be allowed, and that the faculty of such College and the preceptor of such candidate for enrollment be required to ascertain such qualification by actual examination, and to certify thereto.

*Resolved*, That the term of study in the office of a regular practitioner, including attendance upon lectures, be, and is hereby extended to four years, the last year to be mainly employed in receiving clinical instruction in medicine, surgery and midwifery.

*Resolved*, That three full courses of lectures in a regularly incorporated college, or body of lectures recognized by the Association, be required of all candidates for the degree of Doctor of Medicine. Said candidate may be admitted to examination after three full years of study, on all the branches which they have been required to study, except clinical medicine, as above.

*Resolved*, That the period of instruction in every College be extended through the full term of nine months in each year, and that this time be divided into two sessions, the first to be chiefly occupied in instruction in the elementary branches only, and the latter to the practical and more complete branches. Those in attendance upon the former to constitute the junior class, and that upon the latter the senior. Not more than four lectures to be delivered on each day in either of the departments, and that each lecture be preceded by a recapitulation, in the form of question and answer, of the lectures of the day before.

*Resolved*, That the number of professors in each college should be increased, so as to bear some proportion to the largely increased number of branches, a knowledge of which is necessary. This increase to be made in addition to those holding clinical chairs.

*Resolved*, That the examination of all the students for matriculation, which admits them into the junior class, shall be repeated before their entrance into the senior class, either by the Faculty, or by examiners appointed by them for the purpose, who shall certify in the one case to the fulness of their preliminary education, and in the other to their improvement, under courses of instruction in the junior or elementary department. Admission to the senior class should be contingent upon this latter examination. Similar examinations should be required at the commencement of each session, as to the improvement made in the preceding term.

*Resolved*, That the final examination for graduation, if made by the Faculty, should be in the presence of each other, and should be witnessed and certified by a board or committee of equal numbers, to be appointed for the purpose by each State Society, within whose bounds any college may be located, or by the Faculty, and without whose approval the degree should not be conferred. Due

notice to be given by the Faculty of the time and place for the examination, and each candidate to be separately examined.

*Resolved*, That no medical college be recognized by the American Medical Association to be complete in its organization, and prepared to furnish the requisite instruction, which does not either possess a hospital of its own, or which has not made arrangements with a hospital containing not less than eighty beds, for the students of the college receiving regular clinical instruction, before being licensed to practice.

*Resolved*, That the so-called "College Clinics" can not, in any useful or practical sense, be looked on as furnishing an adequate substitute for the clinical teaching required.

*Resolved*, That this Association regard with marked disapproval a practice which prevails with some of the Faculties of the Schools, viz. : of examining those students who are candidates for a degree before the expiration of the regular session, and while the lectures are still in progress.

*Resolved*, That the titles of the several chairs in a school, as announced in its curriculum, ought to indicate a real teaching of the branches thus virtually promised to be taught, and not be assumed merely in conformity with further usage, or to gratify the temporary whim of a professor, to have an appendage to the title of his chair, which in the very next year he may abandon, and consent to its being appended to some other chair, or to its being omitted entirely in the next annual announcement. We may instance this, attaching physiology to anatomy, the latter being the substantive branch, and of itself taking up the whole time of the professor during the entire session, which is still too short for its legitimate purposes. Still more common and misleading is the appendage of diseases of women and children to midwifery, and that of medical jurisprudence at one time to materia medica, at another to midwifery, at a third to chemistry.

All of which is respectfully submitted,

(Signed)

D. MEREDITH REESE, Chairman, New York,  
JOHN BELL, Philadelphia, Z. PITCHER, Michigan,  
W. K. BOWLING, Tennessee, CHAS. FISHBACH, Indiana,

*Committee on Medical Education.*

On motion of Dr. McDowell (Mo.), the Association went into committee of the whole to consider the above resolutions, and after some debate arose, reporting progress, and asked leave to sit again.

Report of Committee on Medical Literature was referred to the Committee on Publication without reading.

The Committee on Nominations reported that they recommended the next meeting of the Association to take place in Chicago, Ill., on the first Tuesday in June, 1861.

They nominated the following officers :

*Secretaries* — S. G. Hubbard, Conn., H. A. Johnson, Ill.

*Committee of Arrangements* — N. S. Davis, Ill., G. W. Freer,

Ill., De Laskie Miller, Ill., E. Andrews, Ill., H. W. Jones, Ill., Thos. Bevan, Ill., J. Bloodgood, Ill.

*On Prize Essays* — Daniel Brainard, Ill., D. L. McGugin, Iowa, M. L. Linton, Mo., Jno. Evan, Ill., A. L. McArthur, Ill.

*Committee on Publication* — F. G. Smith, Pa., Caspar Wister, Pa., S. G. Hubbard, Conn., R. J. Breckenridge, Ky., Edward Hartshorne, Pa., H. F. Askew, Del.

*Vice President* — In the place of Dr. Logan, resigned, R. D. Arnold, Ga.

These officers were elected by acclamation.

Committee on Prize Essays reported they had received no essay in their opinion worthy of awarding a prize, which report was referred to the Committee on Publications.

The rules of order were suspended to bring up the third resolution of Dr. Davis, of Illinois, laid on the table yesterday.

The resolution was at length adopted under the following form :

*Resolved*, That all essays, voluntary communications and reports, except those of officers of the Association, reports of committees on medical education, medical literature and prize essays, shall be first presented to the Association and referred to the appropriate section, in which they shall be examined and discussed ; after which they shall be returned to the Secretary of the Association, accompanied by an expression of opinion as to whether they are worthy of publication or not, and the Secretary shall pass all such designated to be worthy directly to the Committee on Publication ; and others not so designated shall be retained by the Secretary or returned to their authors, as the latter may indicate.

Dr. Lewis A. Sayre, N. Y., was appointed a special committee on Morbus Coxarius and Surgical Pathology of Articular Inflammation, read his report, which was confined to the first subject, giving an account of seventy-two cases, and the operations performed. Referred to the Surgical Section.

Surgical Treatment of Strictures of the Urethra — James Bryan, Penn., reported progress and asked for longer time ; referred to its proper section.

Drainage and Sewerage of large cities ; their Influence on Health — A. J. Semmes, Cornelius Boyle, G. M. Dove, D. C., reported progress and asked for longer time.

Puerperal Tetanus ; its Statistics, Pathology and Treatment — D. L. McGugin, Iowa ; report the same as above.

Hospital Epidemics — R. K. Smith, Penn. ; laid over.

Puerperal Fever — S. N. Green, Ind. ; laid over.

Anæmia and Chlorosis — H. P. Ayers, Ind. ; reported progress and asked to continue the committee to report next year.

Veratrum Viride — J. B. McCaw, Va. ; laid over.

Alcohol ; its Therapeutical Effects — J. W. Dunbar, Md. ; asked for a change in the title, making it read, " Alcohol in its relations to man ; " granted. Report next year.

Meteorology — J. G. Westmoreland, Ga. ; laid over.

Milk Sickness — Robt. Thompson, Ohio ; partial report made ; accepted and referred to section of Practical Medicine.

Manifestations of Disease of Nervous Centres — C. B. Chapman, Wisconsin ; laid over.

Microscopic Observations on Cancer Cells — Geo. N. Norris, Ala., chairman, asked to resign ; committee discharged.

Philosophy of Practical Medicine — James Graham, Ohio ; laid over.

On some of the Peculiarities of the North Pacific and their relations to Climate — William H. Doughty, Georgia ; absent.

On the Microscope — John C. Dalton, Jr., N. Y., David Hutchinson, Ind., A. R. Stout, Cal., Calvin Ellis, Mass., Christopher Johnston, Md. ; report next year.

Diseases and Mortality of Boarding Schools — C. P. Mattingly, Ky., Dixi Crosby, N. H. ; reported progress ; referred to its proper section.

On Various Surgical Operations for Relief of Defective Vision — M. A. Pallen, Mo., T. J. Cogley, Ind., W. Hunt, Penn. ; laid over.

On the Blood Corpuscle — W. Sager, Michigan ; referred to proper section, with additional time.

American Medical Necrology — C. C. Cox, Md. Report was ordered to be read before the Convention, Thursday ; amended to have Dr. Cox retained as chairman, and report next year.

Effects of the Virus of the Rattlesnake, when introduced in the System of Mammalia — A. S. Payne, Va. ; reported progress and was discharged.

Constitutional Origin of Local Diseases, and the Local Origin of Constitutional Diseases — W. H. McKee, N. C., C. F. Haywood, N. Y. ; laid over.

Subcutaneous Injections as Remedials — I. Langer, Iowa ; not allowed to report, not being an accepted delegate.

Quarantine — D. D. Clark, Pa., E. M. Snow, R. I., Wilson Jewell, Pa., E. D. Fenner, La., I. W. Houck, Md.; asked to be continued. Agreed to.

Medical Ethics — B. F. Schenck, Pa., chairman, resigned, and asked that Dr. Paul F. Eve, of Tennessee, be substituted; agreed to. Report next year.

Tracheotomy in Membranous Croup — A. N. Dougherty, N. J. Partial report; this was accepted, and referred to the Surgical Section. Further time allowed to make out the report.

Effect of Perineal Operations for Urinary Calculi upon Procreation in the Male — J. S. White, Tenn. Letter from Dr. White read; laid over.

Mercurial Fumigation in Syphilis — D. W. Yandell, Ky.; laid over.

Cause and Increase of Crime — W. C. Snead, Ky.; asked to be continued. Agreed to.

Education of Imbecile and Idiotic Children — H. P. Ayers, Ind. Report offered; referred to its proper section.

Pons Varolii — Partial report. The Committee wished to be continued; agreed to. Referred to Section on Anatomy.

The Committee on Voluntary Communications reported that they had received several communications on different subjects, which were referred to their appropriate sections.

Several reports and abstracts of reports on special subjects were presented, and referred to their appropriate sections.

One o'clock, the hour of adjournment, having arrived, a motion to continue five minutes longer prevailed. A little general business was then transacted, and the Convention adjourned.

There was no general meeting of the Association on the afternoon of the 6th inst., as by a resolution passed in the morning the different sections to which special papers were referred met to discuss the particular subjects allotted to their consideration, the members of the Association distributing themselves, and visiting that section in whose deliberations they felt most interest.

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THIRD DAY, Thursday, June 7, 1860.

The Association was called to order at 9 A. M., by the President, Dr. Eli Ives; afterwards, Dr. Jewell, of Philadelphia, presided.

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The minutes of the previous days' proceedings were read by the first Secretary, Dr. S. G. Hubbard, of New Haven.

A list of newly registered delegates was read, making the number over five hundred.

On motion of Dr. Arnold, of Georgia, it was resolved that no communication read before the Association should occupy more than ten minutes in its reading, and no speaker should occupy the floor longer than ten minutes.

On motion of Dr. Shattuck, of Massachusetts, the rules of order were suspended, in order to allow Dr. Bowditch, chairman of the committee appointed to take into consideration the propriety of contributing in the erection of a suitable memorial to John Hunter, in Westminster Abbey, to present his report. On motion, it was resolved that the Committee on Nomination be requested to consider the report and resolutions attached to it, and report thereupon, presenting the names of one from each State represented, who shall be empowered to take such action in the matter as may be hereafter agreed upon by the Association.

The Committee of Conference appointed to confer with the Committee of Medical Teachers, reported through their chairman that they had had several meetings in New York and New Haven, during which the subject of medical education had been fully discussed. He stated that in the Convention of Teachers the following resolutions were adopted :

1st. *Resolved*, That the medical colleges represented in this Convention are willing to adopt the rule, if it be recommended by the American Medical Association, that every candidate for degree of Doctor in Medicine must present certificates of having assiduously studied medicine during the period of three full years, under the direction of a regular practitioner of medicine, recognized as such by the American Medical Association, who shall certify to the same under his own hand, and of attendance on two full courses of medical lectures in a medical school, recognized as regularly organized by the American Medical Association, with an interval of at least three months between the termination of the first course and the commencement of the last.

2d. *Resolved*, That the medical colleges represented in this Convention are willing to keep a register of their students, in which shall be entered the name, the age, the period of commencing medical studies, and diploma already received, with the name of the college conferring it, and the name of the preceptor.

3d. *Resolved*, That the medical colleges represented in this Convention, allowing that the proposed plan of admitting delegates from State Societies to attend the examination of the candidates for the degree of Doctor in Med-

icine to have been successfully carried out in several places, do not think it can with advantage be universally adopted ; but at the same time they are ready to ascertain and discuss any other measure by which the admission of unsuitable and unworthy members within the ranks of the profession can be prevented.

4th. *Resolved*, That this Convention earnestly recommend the American Medical Association to adopt such measures as will secure the efficient practical enforcement of the standard of preliminary education adopted at its first organization in May, 1847, or of a standard put forth by the medical society of a State in which a college is located, and that medical colleges will thankfully receive and record the certificates alluded to in said standard, and one of moral character, whenever the profession generally and the preceptors will see that students are properly supplied with them.

5th. *Resolved*, That hospital clinical instruction constitutes a necessary part of medical education, and that every candidate for the degree of Doctor in Medicine shall be required to have attended such instruction regularly for a period of not less than four months.

6th. *Resolved*, That the members of this Convention are ready to cooperate in any efforts by which the attention of the community and of legislatures shall be called to the importance of the endowment of medical colleges and professorships.

7th. *Resolved*, That the attention of the American Medical Association be called to the proofs, in a letter from a German medical professor, of the degree of Doctor in Medicine being conferred in Germany on unsuitable persons, to be used in this country.

In conclusion, the committee offered the following resolutions for adoption by the Association :

*Resolved*, That it is the duty of medical colleges to require of every candidate for the degree of Doctor of Medicine certificates of study during the full period of three years, under the direction of a regular practitioner of medicine, recognized by the American Medical Association, who shall certify, under his own hand, as to an attendance on two full courses of lectures, with an interval of at least three months between the termination of the first and the commencement of the second course.

*Resolved*, That every medical college shall keep a volume, in which every medical student presenting himself shall enter his name, his age, the period of his commencing the study of medicine, any diploma he may have received in evidence of previous education, with the name of the college or school from which he received such diploma, and the name of the preceptor with whom he has been studying.

*Resolved*, That hospital clinical instruction constitutes a necessary part of medical education, and every candidate should be required to have attended such instruction regularly for a period of not less than four months.

*Resolved*, That the professors of every medical college should recommend to their trustees, or board of managers, the adoption of a rule authorizing them to allow the attendance of two or three delegates from the State Medical

Society, at all examinations of candidates for the degree of the doctorate, and accord to these delegates a vote on the question of recommending such candidates for a degree.

*Resolved*, That every State Society be recommended to choose proper delegates, at its annual meeting, to attend the examination of candidates for the degree of M.D., at all the medical colleges within their respective States.

*Resolved*, That this Association will not recognize as a regular organization any college which does not require evidence of suitable preliminary education from all applicants for collegiate medical instruction.

*Resolved*, That we commend the use of all proper efforts, by which the attention of persons of means and liberal disposition, as well as legislative bodies, shall be directed to the propriety of endowing such medical colleges, and professorships thereof, as shall be recognized by the Association.

*Resolved*, That this Association recognize as a regularly organized medical college one which has been represented at any meeting of the Association, and which complies with the preceding rules and directions.

*Resolved*, That this Association recognize as regular practitioners of medicine all who have been members of this Association, and have not forfeited their rights and privileges, and all members of State and County Societies, in full standing.

The report was received and taken up by sections. When the first resolution came up, a motion was made to amend, by striking out that part requiring an interval of three months to elapse between the termination of the first course and the commencement of the second; the objection being that the resolution, if adopted as offered, would do an injustice to summer schools, whose sessions would have to begin three months after the closure of the winter sessions, in order to graduate students, thus throwing the session into July, August, and September, and crowding upon the next winter session; and that such a course would drive students altogether from the summer schools.

Dr. McDowell, of Missouri, spoke in strong terms against the amendment. He despised the plan of some professors, who, teaching at a winter school in the South, immediately the winter session closes, bring their half-fledged brood to a Northern summer school, and there delivering a *second* course of lectures, foist their hastily hatched students upon the medical profession. He was entirely opposed to the practice of pushing and forcing, which was becoming so rampant.

The discussion was further participated in by Drs. Shattuck, of Boston, Austin Flint, N. Y., Brodie, of Mich., Palmer, of Mich., Nourse, of Me., Atlee, of Pa., and others.



Dr. John L. Atlee, of Philadelphia, would rather increase the interval to six months. Nor did he want, as others suggested, to leave the matter to the discretion of the professors in the different schools. His experience proved that a man never becomes a thorough and proper student of medicine until *after he has attended his first course of lectures*; for he then learns what is required, and how he should direct his studies so as to profit by them; and as he studies in the interval between the collegiate courses, the demonstrations of the previous winter reappear to him as he reads his text books, giving an interest to the study he could have sought for in vain before he had attended a course of lectures. He would rather have the course of instruction lengthened to eight or nine months, and have a less number of daily lectures. He wanted no student to have credit for attendance on more than one full course in one year, no matter how many regular courses he may have attended, and he moved to amend the amendment by striking out "an interval of three months," etc., and inserting, "and no student shall be credited for having attended more than one full course of lectures in any one year."

A motion of Dr. Bennett, of Danbury, Conn., to lay the whole matter on the table, was lost.

Dr. Johnson, of Mo., did not want the courses to follow too closely on each other. Apart from other considerations, such a course would crowd the student too much, and overtax his powers of physical and mental endurance. Students required time for relaxation, whether they wanted it or not; and therefore he was in favor of a considerable interval between the courses, and only one course in a year.

Dr. Worthington Hooker, of New Haven, Conn., thought there was not too much actual instruction being crowded together that was to be avoided, but rather too much lecturing, which brings different subjects in too close connection before the minds of the students, and taxes their energies too much, and therefore he did not want the courses crowded on each other; nor did he want the lectures to be as crowded as they usually are. He stated that in the medical department of Yale College, it was customary to make a distinction in the ability for receiving instruction, between medical students who had received the advantages of a previous classical education, and those who had not enjoyed this privi-

lege; and that they considered classical students full one year in advance of the others, and that they made this distinction in their favor regarding the length of time required to be devoted to the special study of medicine. They only required two years' application from classical students, while they exacted three years' study from all others. He firmly believed that a difference of one year should be made, but he would prefer the course of application to be extended one year longer in each case, thus making it three and four years' study instead of two and three, as it now is.

Dr. Atlee was here allowed to alter his amendment so it should read, "and no student shall attend a second course of lectures until a year shall have elapsed since the commencement of the first course."

Dr. Reese, of N. Y., remarked, that as the winter schools closed in March, and the summer schools could not, by the resolution, begin in June, this would force students to employ in study the months of July and August, which is the general period of relaxation from labor; and thus virtually, in a great measure, prevent graduation at the summer schools.

After some more discussion, the amendment of Dr. Atlee was adopted, when a motion was made by the opponents of the amendment to lay the *resolution* on the table. This motion was lost, and finally, the *resolution, as amended, was adopted.*

Second resolution, adopted.

Third resolution, adopted.

The fourth resolution was amended by Dr. McCaw, requiring "that in those States where there are regular State Medical Societies, the delegates elected to be present at the examinations of candidates for the degree of M.D., in all the medical schools of the State, should be selected from the members of the State Society; in those States where there are no societies, the selection is to be made from members of the profession in good standing."

Dr. John L. Atlee wanted no representation of examiners from any except State Medical Societies, which would force those States where it does not now exist to organize State Medical Societies; and, therefore, he opposed the amendment, though he favored the original resolution.

Dr. Storer, of Mass., wished no restrictions to be placed on medical schools.

Dr. Mussey, of La., wanted to have a resolution passed, providing for the examination of teachers before they were elected to professorships, and to pass no men but those who were known to be favorable to the ideas of the Association, regarding medical instruction.

Here a tumultuous clamor arose, during which the amendment was withdrawn, and the previous question called for and sustained; when the resolution was, upon call, again read, and finally adopted as originally reported.

The fifth resolution gave rise to a good deal of discussion as to the propriety and the right of placing medical schools under the censorship of the State Medical Societies.

Dr. Timothy Childs, of Berkshire, Mass., stated, that forty years ago he called for a board of examiners to be present at all examinations for a degree, and that he had never ceased to urge the propriety of so doing. He had never passed a student without such a supervision.

He stated that he was the first man to introduce into medical colleges a professorship on pathology, and he was always in favor of enhancing the dignity and worth of his profession; and as long as he was able to raise his voice, he would oppose to the utmost all those who attempt to lower the standard of medical excellence, regardless of the motives that prompt them to do so.

Dr. Worthington Hooker, of New Haven, Conn., explained that Yale College, further back than forty years ago, had, of its own accord, adopted the plan contained in the resolution under consideration; and during his connection with the college, there had not been one whisper of disapprobation regarding it. There was harmony between the State Medical Society and the institution, which feels the genial effects of that harmony, which gives it its strength and position.

He thought that all medical colleges should be closely watched by the State Medical Societies of their respective States.

The resolution was adopted.

The sixth, seventh, and eighth resolutions were adopted.

The ninth resolution was, after some little discussion, on motion, laid upon the table.

The whole report was then adopted and referred to the Committee on Publication, for publication in the forthcoming volume of Transactions.

The Committee on Nomination then reported the following appointments on Standing and Special Committees, which was received and adopted, and the nominations accepted :

*Committee on Medical Literature*—Frank H. Hamilton, N. Y., Edward Warren, Md., Chas. A. Lee, N. Y., J. W. C. Ely, R. I., E. H. Clark, Mass.

*Medical Education*—Levin T. Joynes, Va., Christopher C. Cox, Md., J. C. Bradbury, Me., L. H. Steiner, Md., M. A. Pallen, Mo.

*Surgical Treatment of Strictures of the Urethra*—Jas. Ryan, Pa.

*Drainage and Sewerage of Large Cities—their influence on public health*—A. J. Semmes, La., C. Boyle and C. M. Dove, D. C.

*Puerperal Tetanus—its statistics, pathology and treatment*—D. L. McGugin, Iowa.

*Anæmia and Chlorosis*—H. P. Ayers, Ind.

*Alcohol and its Relations to Man*—J. W. Dunbar, Md.

*Milk Sickness*—Robert Thompson, Oramel Martin, Ohio, S. W. Bemis, Ky.

*Microscopic Observations on Cancer Cells*—George W. Norris, Pa.

*Blood Corpuscles*—A. Sager, Mich.

*Hygienic Relations of Air*—C. C. Cox, Md., Chas. W. Parsons, R. I.

*Quarantine*—D. D. Clark, Pa., M. Snow, R. I., Wilson Jewell, Pa., E. D. Fenner, La., J. W. Houck, Md.

*Medical Ethics*—Paul F. Eve, Tenn., J. A. Murphy, Ohio, M. L. Linton, Mo., R. S. Powell, Ga., B. F. Schenck, Pa.

*Tracheotomy in Membranous Croup*—A. N. Dougherty, N. J., George H. Gay, Mass., J. M. Minor, N. Y.

*The Effect of Perineal Operations for Urinary Calculi upon Procreation in the Male*—J. S. White, Tenn., J. B. McCaw, Va., R. C. Foster, Tenn.

*Mercurial Fumigations in Syphilis*—D. W. Yandell, Ky.

*The Cause and Increase of Crime, and its Mode of Punishment*—W. C. Sneed, Ky.

*The Microscope*—R. C. Stiles, Vt.

*Gangrene of the Lungs*—C. L. Allen, Vt.

*The Relations which Electricity sustains to the Courses of Disease*—Isaac Casselberry, Ind.

*The Morbid and Therapeutic Effect of Verbal and Moral Influences*—Alfred Hitchcock, Mass.

*The Causes of the Extinction of Aboriginal Races, more especially of the Red Men of America*—Geo. Suckley, N. Y.

*To report on the practical workings of the United States law relating to the inspection of drugs and medicines*—E. R. Squibb, N. Y., F. Bowditch, Mass., Prof. Jos. Carson, Philadelphia.

*The Causes and Treatment of Ununited Fractures*—E. K. Sanborn.

*Diphtheria*—Alonzo Clark, N. Y.

*The Effect of Stimulants in the Treatment of Fractures*—John W. Russell, Ohio.

*Dislocation of the Hip and Shoulder Joints*—Moses Gunn, Mich.

*To investigate the conditions demanded for a diploma of Doctor of Medicine in the various medical schools and universities of Europe*—J. Baxter Upham, Mass., Robert Thompson, Ohio, George C. Shattuck, Mass.

In regard to the committee on the memorial to John Hunter, the following resolutions were adopted :

*Resolved*, That it be recommended to the different States to collect subscriptions of not more than one dollar each, from every regularly educated physician. All money so collected to be forwarded by the Chairman of the committee hereby appointed, to the Treasurer of the Hunter Medical Fund in London.

*Resolved*, That Drs. Henry J. Bowditch, Mass. ; Amos Nourse, Maine ; George B. Twitchell, N. H. ; Charles Clark, Vt. ; G. L. Collins, R. I. ; Charles Hooker, Conn. ; Henry D. Bulkley, N. Y. ; Wm. Elmer, N. J. ; Jno. L. Atlee, Penna. ; James Cowper, Del. ; C. C. Cox, Md. ; J. B. McCaw, Va. ; Cornelius Boyle, D. C. ; James H. Dickson, N. C. ; H. K. Frost, S. C. ; R. D. Arnold, Ga. ; John Nott, Ala. ; G. A. Nott, La. ; W. G. Williams, Mass. ; C. A. Page, Mo. ; J. B. Landsley, Tenn. ; R. J. Breckenridge, Ky. ; J. W. Russell, Ohio ; A. B. Palmer, Michigan ; Calvin West, Ind. ; Patrick Gregg, Ill. ; D. L. McGugin, Iowa ; J. B. Douseman, Wis. ; D. W. Hand, Minn. ; O. Harvey, Cal. ; F. G. McSparack, Ark., be a committee to collect subscriptions.

A resolution was adopted to send a copy of the resolutions passed to each medical school in the country.

A resolution was adopted, directing that a seal of the Association be given to every medical school in good standing, reserving the privilege of demanding the same upon sufficient evidence that the school had no longer claims to its possession.

It was moved, that in order to expedite business without a session next day, the sections meet at 2½ p. m., and at 4 p. m., the Association again convene to close business and receive their reports.

#### *Closing Session.*

The Association was called to order at 4 p. m., by V. P. Wilson Jewell, in the chair.

Various special committees were called upon to report, and failing to do so were discharged ; other reports which had been placed on the Secretary's table were, without reading, on motion, referred to the Committee on Publication, with power to act.

The various sections were called upon for their reports, and the various papers respectively discussed by them were referred to the Committee on Publication.

The report of the Committee on Rules of Order, lying on the table, was then called for and read, and the order of business acted upon, and the articles severally adopted and afterwards the whole report laid on the table.

A communication was read from the Essex Co. Medical Society, of the State of New Jersey, containing the following preamble and resolution, for action upon by the Association.

*Whereas*, The indiscriminate sale of poisonous drugs at retail is fraught with danger to the community ; be it

*Resolved*, That in the opinion of this Association, it is the duty of the public authorities in the different States of the Union to pass prohibitory laws against the retailing of morphia, strychnine, prussic acid, etc., except on the written prescription of a regular practitioner of medicine, or on the personal application of a well-known citizen ; and that a committee be appointed in the different States, to endeavor to carry into effect the spirit of this resolution.

The report was referred to the Committee on Publication, with power to act.

On motion of Dr. Davis, of Illinois, it was decided that the committee called for be appointed at his leisure by the President of the Association.

On motion, Dr. Cox, of Maryland, was requested to present at the next meeting of the Association a paper on Necrology.

Dr. A. N. Dougherty, from the Committee on Tracheotomy, reported, that from the mass of facts they had gathered with regard to the result of this operation, the proportion of successful operations was one in three and two-fifths. The statistics of cases in this country, as far as ascertained, were seventeen cures out of fifty-eight cases.

Trousseau, before 1844, had two hundred and twelve cases, of which there were forty cures and one hundred and thirty-two deaths—after 1847, he had forty-nine cases, forty-eight deaths. From 1849 to 1858 he had, at the Children's Hospital, at Paris, four hundred and sixty-six cases ; which resulted in one hundred and twenty-six cures and three hundred and forty deaths. Another operator met with but four cures in thirty-six cases. Statistics of other operators were presented, and, at the request of Dr. Dougherty, the report was referred back to the committee, with power to complete the report, and present the same at the next meeting of the Association.

Dr. Bell, of Brooklyn, offered the following resolution :

*Whereas*, Some of the papers submitted to this Association require a longer period of time for their examination than the annual meetings will admit of; therefore, be it

*Resolved*, That the several sections have power to refer such papers to experts, who shall determine whether they are worthy of being referred to the Committee of Publication, for publication in the Transactions.

Various rules of order and amendments to the constitution, which had laid over from previous meetings, were again indefinitely postponed.

A communication from Clinton County Medical Society, of Iowa, to which was appended a catalogue of the college, was read.

This communication charged the Western Reserve College with having exceeded its rights and privileges, in conferring the degree of the doctorate upon one Freeman Thompson, who had not come up to the requirements of their curriculum, who had not been examined by the professors in the presence of censors, and who had not been in attendance on lectures since the session of 1848-9 a single day. It stated that at one time the Western Reserve College acknowledged the truth of the above charge, and at another time denied it.

They called the attention of the Association to this case, and desired that the Western Reserve College be refused representation in the Association. Various papers were appended to the communication, substantiating the truth of the facts mentioned.

A motion was made to refer the whole subject to a select committee of three, to be appointed hereafter by the chairman, who should report on the same at the next annual meeting of the Association.

Dr. Davis, of Illinois, reminding the mover of the existence of a permanent Committee on Medical Ethics, created for just such purposes, the motion was altered to refer the matter to the Committee on Medical Ethics, with instructions to report at the next annual meeting, and carried.

A communication was read from the Legislature of Connecticut, stating that the Judiciary Committee had under consideration their memorial on Criminal Abortion, and asking, in order to further the matter, that a committee be appointed by the Association, to frame a bill meeting the exigencies of the case, to be presented for due consideration of the Legislature.

It was moved and carried, that the chair appoint a proper committee, to draw up such a bill as would meet the views of the Association, and present the same to the Legislature of the State.

A motion was made to alter the time of meeting from June to May, so that if the Association desire to meet in 1862, in New Orleans, they could do so before the time when yellow fever occurs. Being an amendment to the constitution, it was laid over one year.

On motion of Dr. S. W. Butler, of Philadelphia, it was resolved, that this Association request the Convention of Medical Teachers to be perpetuated in connection with the American Medical Association, and meet in conference the day previous to the annual meetings of the Association, and report to the same.

On motion, the same committee appointed last year was continued, any vacancies occurring to be filled by the President.

On motion of Dr. J. L. Atlee, of Philadelphia, the chairman of the Committee on the Memorial to John Hunter was empowered to fill any vacancy which may occur in that committee.

A communication from Elmira, N. Y., was read, advising the offer of a prize for the best essay on the application of mechanical contrivances in the practice of surgery, having reference to the cure or alleviation of hernia, stricture of the urethra, stone in the bladder, fractures, dislocations, etc. ; and referred to the Surgical Section of next year.

A vote of thanks was passed to the retiring officers, for the efficient manner in which they had performed their duties.

A resolution was passed to the effect that the thanks of the Association are due to the Faculty of Yale College, the medical profession and citizens of New Haven, for the elegant hospitality tendered to the Association ; and to the proprietors of the different manufactories, for the generous manner in which they welcomed the delegation to inspect whatever of interest their factories embraced ; and to the railroad and steamboat companies, who have reduced their fare on their respective routes, in favor of the delegates.

Various amendments to the constitution, laid over from last year, were called up and indefinitely postponed.

Dr. Lewis A. Sayre, of New York, offered a resolution, that the Smithsonian Institute be asked to collect all the medical literature that has appeared in this country, and is scattered in various journals and periodicals, and collect it in a general library for the purposes of the profession.



On motion of Dr. Davis, of Ill., the Association went into a committee of the whole to consider the report of the Committee on Medical Education, Dr. Askew, Del., in the chair. An animated discussion ensued as to the extent of preparatory qualification which ought to be exacted from young men designing to commence the study of medicine, but no conclusion being arrived at, the Committee rose, and reported that they had considered the above report, but had no suggestions to make to the Association, and recommended the resolutions to the Committee on Publication.

Dr. Hamilton, of Brooklyn, N. Y., moved the adoption of a resolution to devise a plan for the organization of a College, or Board of Examiners, to be called the College of Physicians and Surgeons of the American Medical Association, in order to arrest all legislation which has reference to medical schools, and to determine what shall be the prerequisites to a degree of doctor in medicine. Said College to consist of one member from each State, and to meet annually, before the meetings of the Association.

Dr. S. W. Butler, of Philadelphia, stated that the whole plan in detail, only under a different name, had been brought before the Association at a previous meeting.

After some general discussion on this subject, the Association, on motion, adjourned *sine die*.

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*Proceedings of the Ohio State Medical Society. Held at Ohio White Sulphur Springs, June 12th, 13th, and 14th, 1860.*

The Ohio State Medical Society met in a convenient hall prepared for the purpose, in the grove of the Ohio White Sulphur Springs, and was called to order by the President of the Society, Dr. Firestone.

Dr. McMillan, from the Executive Committee, offered the following report, which was, on motion of Dr. Baker, adopted :

The Executive Committee of the Ohio State Medical Society recommend the adoption of the following order of business :

The hours of meeting shall be 9 o'clock A. M., and 2 P. M.

1st. Report of the Committee on Admissions.

2d. The election of new members.

3d. Annual election of officers.

4th. Valedictory of retiring President.

5th. Reports of standing committees.

6th. Reports of special committees.

7th. Miscellaneous business.

8th. Volunteer reports.

Dr. Pomerene being the only member of the Committee on Admissions present, the chair appointed to fill the vacancies the following gentlemen, viz.: Drs. Thomas, Hurxthal, Miller, and Conklin.

Dr. Baker moved that a committee be appointed to nominate officers for the ensuing year; to which several amendments were proposed, which were subsequently withdrawn, and the following substitute prevailed by a large vote. Moved by Dr. Kincaid, and

*Resolved*, That the rule adopted by the Society last year be adopted as the rule of this year, viz.: "That candidates for the several offices shall be nominated in open Society, and balloted for; and should no one on the first ballot receive the constitutional majority (when there are three or more candidates), the one who has received the smallest number of votes shall be dropped on each succeeding ballot, until a choice is made."

Dr. Pomerene, from the Committee on Admissions, reported in favor of the admission of the following gentlemen, who were afterwards elected as members of the Society: David Noble, Sugar Tree Ridge; Samuel Hart, Marietta; T. L. Wright, Bellefontaine; L. W. Moe, Gilboa; J. L. Mount, Morrow; John W. Thompson, Columbus; N. Dalton, Logan; B. Raymond, Carroll; J. M. Southard, Marysville; J. L. Brenton, North Georgetown; W. A. McCulley, Lewis Centre.

The Society proceeded to the election of officers for the ensuing year, with the following result: President, H. S. Conklin, M.D., of Sidney; Vice Presidents, R. R. McMeens, M.D., of Sandusky, S. Bonner, M.D., of Cincinnati, W. P. Kincaid, of Neville, and S. P. Hunt, of Morrow; Secretaries, W. W. Dawson, M.D., of Cincinnati, and R. Gundry, M.D., of Dayton; Treasurer, John B. Thompson, M.D., of Columbus; Librarian, Robert Thompson, M.D., of Columbus; Committee on Admissions, Drs. Mullen, Hurxthal, Pomerene, Weber, and Miller.

Drs. Kincaid and Hamilton were appointed by the chair to conduct the President elect to the chair.

Dr. Conklin, the President, in brief and suitable terms acknowledged the honor conferred upon him by the Society.

On motion of Dr. Kincaid, the valedictory address of the retiring President was made the order of the day for Wednesday, at 9 o'clock A. M.

Dr. Loving, chairman of the standing Committee on Publica-

tion, made a report as to the publishing of the Transactions of the last year, which was accepted :

The expense of publishing four hundred copies of the Transactions of the last year, and of two thousand extra copies of Dr. Wright's Address on Drunkenness, and of binding the same, was stated at \$277.95.

Dr. J. B. Thompson, Treasurer for the past year, made his annual report of the condition of the finances of the Society. On motion of Dr. R. J. McLean, referred to the Finance Committee.

On motion of Dr. Kincaid, it was

*Resolved*, That the thanks of this Society be hereby tendered to the retiring officers, for the able and dignified manner in which they have discharged their several duties.

The President appointed the following gentlemen to form the Finance Committee: Drs. E. B. Stevens, A. Metz, Menton, McLean, and Rogers, of New Richmond.

The Society took a recess until 2 P. M.

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2 P. M.—The Society resumed its session, Dr. Conklin in the chair.

Dr. A. H. Baker, chairman of the Committee on Surgery, delivered a verbal synopsis of his report upon surgery.

An animated discussion ensued by Drs. Weber, Murphy, and McLean, when, on motion of Dr. McLean, the report was laid upon the table.

Dr. Pomerene, from Committee on Admissions, reported in favor of the application of Dr. C. Rathburn, of Marysville, who was duly elected to membership.

Dr. M. B. Wright, chairman of Committee on Obstetrics, made an interesting report upon that subject.

An interesting discussion took place, on matters connected with obstetrical science, which was participated in by Drs. Kincaid, Hamilton, and Murphy.

On motion of Dr. Kincaid, the report was referred to Publication Committee, with instructions to print.

On motion of Dr. C. P. Landon, the Society adjourned.

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SECOND DAY, Wednesday, June 13th, 1860.

June 13th.—The Society met pursuant to adjournment, the President in the chair.

Dr. Mullen, the chairman of Committee on Admissions, report-

ed in favor of the applications of the following gentlemen, who were thereupon elected members, viz.: Dr. T. B. Williams, Delaware; Dr. Isaac Miranda, New Carlisle; Dr. J. L. Abbott, Sidney; G. W. Weeks, Bloomville; S. R. Blizzard, Bellefontaine; Dr. — Stephenson, Leesburg.

Dr. Brown, of Bellefontaine, moved the adoption of the following preamble and resolution, which was carried:

*Whereas*, A copy of the Transactions of the Illinois State Medical Society was presented to this meeting, through Dr. T. K. Edmiston, of Clinton, De Witt County, Illinois, also a certificate accrediting said Dr. T. K. Edmiston as a delegate to represent the Illinois State Medical Society in this meeting of the Ohio Medical Society; therefore,

*Resolved*, That the acceptance of the Transactions and certificate aforesaid be acknowledged and entered upon the minutes of this meeting, and that our Treasurer be directed to transmit a copy of the Transactions of this meeting to the Secretary of the Illinois State Medical Society, and one to Dr. T. K. Edmiston as their representative.

The order of the day being called, Dr. Firestone, the retiring President, proceeded to deliver his valedictory address.

Moved by John B. Thompson, M.D., to refer said address to Publication Committee, with instructions to print the same. And so it was ordered.

Dr. Stevens presented to the Society Dr. Kitchen, of Indianapolis, and Dr. Haughton, of Richmond, visiting from the State of Indiana, who were invited to take seats with the Society and participate in its deliberations.

Dr. Landon, chairman of Committee on Obituaries, reported a concise memoir of the late Professor Ackley, of Cleveland, which, on motion of Dr. Allen, was referred to Publication Committee with instructions to print.

Dr. McMeens, chairman of Committee on Cannabis Indica, read an interesting report on the therapeutic effects of that remedy.

In the discussion which followed, quite a variety of opinions as to the value of this medicinal agent found expression by Drs. Gundry, McMeens, Haughton, Murphy, Allen, Kincaid, Firestone, Gaston, and Hill.

On motion of Dr. W. W. Dawson, the report was referred to the Publication Committee with instructions to print the same.

Dr. E. B. Stevens, chairman of Finance Committee submitted the following:

The Finance Committee report that they have examined the books and accounts of the treasurer, and find them correct. They, therefore, recommend the reception and adoption of his report. They also recommend that the assessment for 1860 be one dollar. Respectfully submitted,

E. B. STEVENS,  
J. G. ROGERS,

R. G. McLEAN,  
A. METZ.

Which, on motion, was accepted and adopted.

The Society took a recess.

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2 P. M.—The Society resumed its session.

Dr. Pomerene reported, from the Committee on Admissions, favorably in regard to the application of Dr. S. Bailey, of Flushing, Belmont County, who was duly elected.

Dr. E. B. Stevens, chairman of Committee on Medical Literature, made his report.

Dr. A. Metz, Special Committee on Diseases of the Eye, also reported at length on that subject.

Dr. Pomerene, Special Committee, read a report on Typhoid Fever.

Dr. T. L. Wright presented an elaborate paper on "the effects of chloroform upon the intellectual processes, or an inquiry concerning the credibility of testimony relating to transactions occurring to a mind partly unconscious."

All which papers were severally referred to the Committee on Publication, with instructions to print them in the Transactions.

Dr. Armor, chairman of Committee on Prize Essays, made a verbal statement concerning that subject.

Dr. Crane, one of the Delegates to the National Medical Association, gave an account of the late meeting of that association, at New Haven, Connecticut.

On motion of Dr. Kincaid, the Society adjourned until morning.

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THIRD DAY, Thursday, June 14th, 1860.

June 14th.—Society met pursuant to adjournment.

Dr. Mullen, from Committee on Admissions, reported in favor of the application of Dr. G. C. Blackman, of Cincinnati, who, thereupon, was duly elected a member.

Dr. Mullen, from Committee on Medical Societies, reported that the "Union Medical and Surgical Society of Alliance" desired to become an auxiliary to this Society, and had duly forward-

ed a copy of their constitution and by-laws. He therefore offered for adoption the following :

*Resolved*, That the report be adopted, and the said Society be hereby accepted as an auxiliary to this Society.

Dr. Murphy moved, in amendment, that the Union Medical and Surgical Society be requested to strike out the clause in the by-laws admitting female physicians to membership in their society.

Dr. Carey moved to lay the report on the table, which was lost.

Dr. Hill moved the indefinite postponement of the question, which was lost.

Dr. McDermott moved to refer the application, with pending resolution, to Special Committee to report to-day.

Dr. John B. Thompson moved to recommit the report to Committee on Medical Societies, which, after a warm discussion, prevailed.

Dr. John A. Murphy moved a reference of Dr. Sinnet's account, respecting which there was some dispute, to the Finance Committee with the Treasurer, and it was so ordered.

The Treasurer (Dr. Thompson) read a long list of delinquent members, whose accounts exceeded four dollars unpaid.

Dr. McDermott moved —

*Resolved*, That all claims due the Society after the first of October, 1860, shall be placed in the hands of a lawyer for collection.

Which was adopted.

Moved by Dr. Baker —

*Whereas*, It is believed by many members of this Society that sometimes membership is sought for no other purpose than to give more prominence to the applicant, and that thereafter he neglects all duties in connection with the Society, showing clearly and conclusively that the God of Mammon has more influence over his actions than the love of his profession or those confided to his care; and,

*Whereas*, Such individuals are a weight upon this Society; therefore,

*Resolved*, That any member absenting himself from the deliberations of this Society for three consecutive years without paying his annual dues, and not offering a valid excuse, be expelled from the Society.

*Resolved*, That five years' absence from the meetings of this Society, notwithstanding he may have paid his dues, shall be considered sufficient cause for expulsion, unless otherwise provided for.

*Resolved*, That when a member of this Society shall have lived out the time allotted to man — "three-score years and ten" — he shall be exempt from the payment of dues; and thereafter be considered an honorary

member, with all the privileges of a member, and to be entitled to a copy of the proceedings of the Society, so long as he may live. *Provided*, always, he may not object to the conferring of the honor intended.

A division of the subject being had, the preamble and first resolution were adopted, and the second and third resolutions were negatived.

Dr. Stevens introduced to the Society Dr. Parvin, a delegate appointed by the Indiana State Medical Society to this Society. Dr. Kincaid (vice president in the chair) welcomed the delegate to a seat and to the privileges of the floor. Dr. Parvin replied in a few appropriate remarks.

Dr. Landon moved the following—

*Resolved*, That when this Society adjourn it adjourn until the second Tuesday in June, 1861, to meet at the White Sulphur Springs.

Which was carried unanimously.

Moved by Dr. Carruthers, and adopted—

*Resolved*, That Dr. Gundry be requested to furnish for publication the Report upon Insanity read before the Society last year, and not included in the Transactions.

On motion of Dr. Hurxthal, it was

*Resolved*, That the Librarian be authorized to deliver any number of extra pamphlets or addresses in his possession to members of Society applying therefor, on their paying the postage of the same.

On motion of Dr. C. P. Landon, it was

*Resolved*, That a medal of the value of fifty dollars, with an appropriate inscription, be offered by this Society and awarded to the author of the best essay by a member of the Society; the determination of merit, the subject of the essay, and the regulations of competition to be made by a committee hereafter appointed, their award to be made before the next meeting of this Society.

The President appointed Drs. C. P. Landon, S. G. Armor, and R. Rodgers, of Springfield, to be said committee. On motion of Dr. Landon, he was excused from serving, and the name of Dr. M. B. Wright was substituted.

On motion of Dr. Weber, it was

*Resolved*, That the author of any accepted paper be permitted to publish such paper in any one of the medical journals of the State.

Dr. Morehead, from the Committee on Medical Societies, offered for adoption the following report :

The Committee on Medical Societies, to whom was referred the constitution and by-laws of the "Union Medical and Surgical Society of Alliance," requesting admission as auxiliary to this Society, beg leave to report, that the requirements of their by-laws regulating the admission of members not being in compliance with the requisitions of this Society, they advise the rejection of the application.

W. MOREHEAD,

T. J. MULLEN.

Which was adopted, and the committee discharged from further consideration of the subject.

On motion, it was

*Resolved*, That a committee be appointed, to report at the next annual meeting of the Society, on obstetrical instruments and surgical obstetrics.

The chair appointed Drs. Wright and Wilson, of Sidney, such committee.

On motion of Dr. McMillan, it was

*Resolved*, That the Governor of the State be requested to call the attention of the Legislature to the so called "Cattle Disease" at present prevailing in New England, and recommend the appointment of a Medical Board for the purpose of investigating its pathology and treatment, and the best method of preventing its introduction into our State.

*Resolved*, That the Secretary be instructed to furnish the Governor with a copy of the above resolution.

This resolution was discussed by Drs. Baker, Wright and Crane, and adopted.

Dr. Reeves, of Springfield, by permission read a paper entitled "A Report of three cases of Disease of the Neck of the Uterus."

Dr. Boerstler moved that the paper be referred to the Publication Committee, with instructions to print; which was discussed by Drs. Baker, Reeves, Murphy, J. M. Tygutt and W. W. Dawson, and adopted.

The Society took a recess until 2 P. M.

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2 P. M.—The Society resumed its session.

Dr. E. L. Hill moved the adoption of the following:

*Whereas*, Mr. Andrew Wilson, Jr., the proprietor of the Ohio White Sulphur Springs, has at considerable trouble and expense fitted up this commodious hall for the special accommodation of the Ohio State Medical Society at its present annual meeting, and in every way within his power has contributed so much to render the deliberations of the Society pleasant and the sojourn of the members and their families agreeable;

Therefore be it *Resolved*, That the members of the Ohio State Medical



Society do hereby tender to Mr. Wilson their sincere and heartfelt thanks for his efforts in their behalf; for the spacious, airy, and well arranged hall in the midst of one of the most beautiful groves of the State, which he has placed at their disposal for their sessions; for the uniform courtesy and kindness received at his hands, and all connected with the Springs; and for the innumerable evidences they have witnessed of his peculiar adaptedness to render the Ohio White Sulphur Springs one of the most popular, as its natural advantages have already made it one of the most charming and lovely watering-places in the country.

Which motion prevailed unanimously by a rising vote.

Dr. Landon moved, that the thanks of the Society be voted to Henry Dinsmore, Esq., the reporter of the *Cincinnati Gazette*, for his faithful reports of this meeting; which was adopted.

On motion of Dr. Carey, it was

*Resolved*, That the Publication Committee be requested to publish the names of all members of this Society.

On motion of Dr. Murphy, it was

*Resolved*, That the Publication Committee be requested to publish one thousand copies of the valedictory address of Dr. Firestone.

Dr. Murphy moved—

*Resolved*, That the President appoint a committee of five to collect statistics in regard to eating opium and other narcotics; to report at the next meeting.

Which motion prevailed, and the chair appointed as such committee the following gentlemen: Dr. Comegys, of Cincinnati, Dr. Loving, of Columbus, Dr. Davis, of Dayton, Dr. Kirtland, of Cleveland, and Dr. McMeens, of Sandusky.

Dr. Stevens, from Finance Committee, reported that in reference to the case of Dr. Sinnet, we find the payment of the annual assessment for the years 1856 and 1859 in dispute; and after a careful examination of all the circumstances, we can not regard the evidence of such payments satisfactory, though we have no intention in this of calling into doubt the veracity of either of the parties interested. In view of the special circumstances of the case, however, we recommend the assessment for 1859 be declared remitted.

The President announced the following committees for the ensuing year:

#### STANDING COMMITTEES.

*Executive*.—H. G. Carey, Dayton, S. Bonner, Cincinnati, W. L. McMillen, Columbus, G. C. E. Weber, Cleveland, W. P. Kincaid, Neville.

*Publication.*—R. Gundry, Dayton, W. W. Dawson, Cincinnati, Robert Thompson, Columbus, John H. Rogers, Springfield, T. B. Williams, Delaware.

*Finance.*—E. B. Stevens, Cincinnati, A. Metz, Massillon, R. G. McLean, Lockbourne, J. G. Rodgers, New Richmond, A. Wilson, Sidney.

*Medical Ethics.*—W. Morehead, Zanesville, A. C. McLaughlin, Fremont, T. S. Wright, Bellefontaine, A. Dunlap, Springfield, F. T. Hurxthal, Massillon.

*Medical Societies.*—G. F. Mitchel, Mansfield, Wm. Judkins, Cincinnati, T. J. Mullen, New Richmond, W. Morehead, Zanesville, W. F. Wilson, Ironton.

SPECIAL COMMITTEES.

*Surgery.*—G. C. Blackman, Cincinnati, W. L. McMillan, Columbus, C. McDermott, Dayton.

*Obstetrics.*—J. D. Cotton, Marietta, G. W. Boerstler, Lancaster, P. Allen, Kinsman.

*Obituaries.*—L. Firestone, Wooster, J. Crane, Ashland, John Delamater, Cleveland.

*Practice.*—John A. Murphy, Cincinnati, C. P. Landon, Westerville, E. Gaston, Morristown.

*Literature.*—S. G. Armor, Dayton, E. L. Hill, Oxford, M. Effinger, Lancaster.

*Diphtheria.*—W. W. Dawson, Cincinnati, David Noble, Sugar-tree Ridge, Samuel Hart, Marietta.

*Laryngeal Phthisis.*—R. R. McMeens, Sandusky.

*Uterine Diseases.*—G. W. Boerstler, Lancaster.

*Diseases of the Eye.*—A. Metz, Massillon.

*Scarlatina.*—T. L. Wright, Bellefontaine.

*Insanity.*—R. Gundry, Dayton.

*Microscope.*—G. C. E. Weber, Cleveland.

*Delegates to the Indiana S. M. Society.*—S. G. Armor, Dayton, H. G. Carey, Dayton.

*Delegate to the Kentucky S. M. Society.*—W. P. Kincaid, Neville.

*Delegate to the Illinois S. M. Society.*—R. R. McMeens, Sandusky.

On motion of Dr. Hurxthal, it was

*Resolved*, That the Secretary be authorized to issue a certificate as delegate of this Society to the Indiana, Kentucky, or Illinois State Medical Society to any member of this Society who may be within either of those States during the meeting of such Society, and may desire such appointment.

Dr. Landon moved —

*Resolved*, That the thanks of this Society be given to the presiding and other officers of this Society, for the care and impartiality with which they have discharged their duties during the present meeting.

Which, being put to vote by the mover, was carried.

On motion of Dr. McDermott a vote of thanks was passed to the officers of the various railroads, who transmitted delegates to this meeting at half-fare.

Dr. Landon gave notice of an amendment to the by-laws, so that the annual assessment may, if necessary, be made more than one dollar, which is the present limit. Laid over until next meeting.

A letter was received by the Secretary from Dr. Mitchell, chairman of Committee on Medical Societies, regretting his inability to be present with the Society, and transmitting his report from that committee; also, extending an invitation to the Society to hold its next meeting at Mansfield.

On motion of Dr. Kincaid, the report was referred to Publication Committee, with discretionary powers as to publishing same.

On motion of W. W. Dawson, the Society adjourned.



*Proceedings of Clermont County Medical Association. Held at Batavia, Ohio, May 9th, 1860.*

The Association met pursuant to adjournment, in the court-house. On motion of Dr. D. S. Lyman, Dr. Wm. Ellsberry was appointed President pro tem., and Dr. Mendenhall Secretary.

The Association was called to order, when Drs. L. T. Pease, D. S. Lyman, and S. S. Scoville were appointed a committee to present the names of candidates for the various offices of the Association for the ensuing year. The committee reported as follows: For President, Dr. L. T. Pease; for Vice Presidents, Drs. D. A. McLain and J. S. Combs; for Recording Secretary, Dr. S. S. Scoville; for Corresponding Secretary, Dr. J. C. Kennedy; for Treasurer, Dr. T. J. Mullen; for Censors, Drs. D. S. Lyman, P. Kennedy, and E. C. Sharp, Jr. On motion, the above named gentlemen were duly elected to their respective offices.

A brief discussion was now had in relation to veratrum, as used in conjunction with opium.

Dr. Lyman contended that opium and its preparations counteracted the sedative effects of the veratrum.

Dr. J. C. Kennedy asked if the veratrum could not be increased in quantity where opiates were used, and thus keep up the sedation.

Dr. Lyman answered in the negative.

Dr. Scoville gave a case of typhoid pneumonia, in a child, where full doses of Dover's powder were given in connection with *veratrum*, and the latter remedy had its full effect.

On motion, the Association adjourned to meet at 1 o'clock P. M.

*Afternoon Session.*

The minutes of the previous meeting not being present in the forenoon, were now read and adopted.

The censors reported the names of Drs. Wm. Aberle Thompson, A. McChesney, and W. S. Anderson, for membership. On motion, they were duly elected.

Dr. Lyman reported a case of dropsy of knee-joint. Iodine used locally proved highly beneficial.

Dr. Coombs reported a case of traumatic tetanus successfully treated with sulph. morphine, chloroform, brandy, and sulph. quinine. The last two remedies named proved highly efficacious.

Dr. Scoville reported a fatal case of tetanus. The treatment was principally chloroform and opium.

Dr. Pease gave an instance of his delivering a woman of twins. The first-born was a healthy, well developed, and living child; the other was not half as heavy, and from appearance had been dead a number of weeks—decomposition had progressed extensively.

Dr. J. C. Kennedy presented to the Association for inspection a hypodermic syringe.

On motion, Drs. J. C. Kennedy and A. McChesney were appointed a committee to report upon the utility of said syringe, at the next meeting.

A brief discussion now took place upon diphtheria, Drs. Lyman, Ellsberry, Kennedy, and Hopkins participating.

Drs. J. S. Coombs, D. S. Lyman, P. Kennedy, and L. T. Pease were appointed delegates to the State Medical Society.

Dr. A. McChesney was appointed essayist for the next meeting, and Dr. Mendenhall alternate.

The following members were in attendance: A. V. Hopkins, D. A. McLain, D. S. Lyman, S. S. Scoville, P. Kennedy, Wm. Ellsberry, J. S. Coombs, L. T. Pease, J. C. Kennedy, S. B. Crew, Q. W. Mendenhall, J. B. Collins, Wm. E. Thompson, A. C. McChesney, and W. S. Anderson.

On motion, it was ordered that a synopsis of the proceedings

of the meeting be sent to the *Cincinnati Lancet and Observer* for publication.

On motion, the Association adjourned to meet at Batavia the third Wednesday in October next. L. T. PEASE, President.

S. S. SCOVILLE, Secretary.

*Remarks.*

MESSRS. EDITORS :—The Clermont County Medical Association was organized May 11th, 1853. It meets twice yearly: on the second Wednesday of May, and third Wednesday of October. The Association is growing more useful and interesting every year, and numbers about forty-five members. One of the by-laws reads as follows: "The members of this Association shall not advise in a professional way with irregular practitioners of medicine, nor counsel with a physician who counsels with such."

There are a number of regular physicians in the county who will not unite with the Association. We have thought that perhaps they choose to stay out for the privilege of being a little irregular. s.

*Proceedings of the New-Castle Medical Society, April 9th, 1860.*  
Reported by Dr. JOHN REA, Secretary.

The President in the chair. The minutes of the previous meeting were read and approved.

The constitution requires of each member at the regular meeting in April to report to the Society the cases of disease treated during the preceding year. Members all present but one; and the aggregate report of cases of diseases treated, 2067; obstetrical, number of labors, 136—three twins, two cases of convulsions, one of which occurred after labor, and the other before.

Dr. S. Ferris was appointed delegate to State Medical Society.

Dr. John Rea was appointed essayist for next regular meeting.

Adjourned to meet the second Monday in June.

June 11th, 1860.

President in the chair. The minutes of the previous meeting were read and approved. Members all present but one.

Dr. John Rea, appointed at last meeting, read a paper on scrofula; after which the election of officers for the ensuing year. For President, Dr. Samuel Ferris; Secretary and Treasurer, Dr.

John Rea; Censors, Drs. J. Mendenhall, W. E. Millikan, and W. F. Boor.

The retiring president delivered his valedictory; the subject, milk sickness, — the treatment of which elicited some discussion.

The point on which the discussion arose was the use of calomel. The Doctor said, in speaking of the treatment, that he used calomel in 30 or 40 gr. doses, and it was the only reliable cathartic; that he had separately tried other cathartics, and had uniformly failed.

Dr. Millikan said he used calomel in smaller doses — in 10 or 15 grs. — and found them as efficient, as a cathartic, as the large doses; and, further, the mercurial had to act on the secretions before it made its impression on the bowels as a cathartic.

Dr. Reed said he had treated the difficulty over thirty years in this vicinity, and his experience justified the doses spoken of by Dr. Mendenhall in his paper; and he said he recollected that in some few cases of great severity he had administered at one dose a large tablespoonful — to make use of his own language, a "heaping tablespoonful," — uniformly, to arrest the vomiting and mitigate all the symptoms, and ensure a speedy convalescence.

Dr. Boor said that his experience was quite different in the use of calomel in this disease. In the early part of his treatment he also used calomel, but he thought that other cathartics were as good as calomel to evacuate the bowels, and convalescence was more rapid than if calomel had been used. Ptyalism, he said, frequently followed the use of the mercurial. These considerations had induced him to entirely discard the use of calomel in the treatment.

Dr. Millikan was appointed essayist for next meeting.

Adjourned to meet on the second Monday in August next.

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*Leniceps*, meaning the easy catcher, (in opposition to *fortiter capiens*, the supposed root of *forceps*,) is the name of a new instrument invented by Mattei (*Rev. de Thér. Méd.-Chir.*, 3, 1859), and intended as a substitute for the obstetrical forceps, with the right use of which the inventor seems to be very little acquainted. The new instrument seems to be the result of a very unhappy idea, and deserves no notice. — *Schmidt's Jahrb.*

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### Editorial Translations.

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At the meeting of May 14 of the Imperial French Academy of Medicine, M. Depaul read a paper with the following title: "Complete obliteration of the neck of the uterus of a pregnant woman, and a description of the operation performed for its relief." The authors who have written on this pathological condition are unanimous, says M. Depaul, in doubting the authenticity of the facts described, and attribute the obstacle in the neck of the uterus to deviations of the neck, rather than to an obliteration of its orifice.

Chance having furnished M. Depaul three cases in which a *complete closure* had been produced during gestation, he thought it would be interesting to describe them, and compare them with those which exist in scientific annals, and thus deduce from them the necessary elements of the etiology, diagnosis, and therapeutics of this remarkable and important lesion.

The first case was that of a woman whose pelvis, decidedly contracted, had demanded, in a first labor, the operation of *cephalotripsy*. She had been in labor for two days, when M. Depaul was called in consultation by the attending *accoucheur*, Dr. Remondet. In addition to the deformity of the pelvis, M. Depaul observed by the touch and the speculum, that the depression and opening in the uterine neck were absent. Two days afterwards, M. Depaul having taken the opinion of M. Paul Dubois, made an incision in the central portion of the womb lying in the superior portion of the vagina. The operation succeeded well, and entirely justified the diagnosis; but, owing to the narrowness of the pelvis, it was necessary to finish the labor by *cephalotripsy*.

The second case was that of a woman who had given birth to several children. She was pregnant seven months in September, 1853, when she entered the wards of M. Trousseau, at *Hôtel-Dieu*, suffering for a long time from stubborn and almost continual vomiting. All treatment having failed, M. Trousseau summoned his colleagues of the hospital to discuss the propriety of producing abortion.

At the request of M. Depaul, who was present at the consultation, the operation was postponed. The vomiting, however, con-

tinued. On the 4th October, the patient having been attacked with convulsions, M. Depaul was sent for to bring on premature delivery. As he proceeded in the examination of the parts, he ascertained by the touch and the speculum that the internal orifice of the uterine neck was entirely obliterated by a transverse band, very thick and resisting. This lesion having been verified by several assistants, M. Depaul made an incision; and, when the neck was sufficiently dilated, he terminated the labor by the aid of the forceps. The convulsions continued, and the patient died two days afterwards.

*Some remarks on a form of syphilitic aphonia little known: by M. Diday.*—It is not a question of the more or less complete hoarseness which accompanies the alterations of laryngeal phthisis, in certain subjects who have arrived at the last stages of an inveterate syphilis. The aphonia which M. Diday describes, called by him *aphonie secondaire*, to distinguish it from the preceding, has some characteristics, an epoch of appearance, and a very special curability. The following summary is based on twenty cases:

Between the third and sixth months from the appearance of the primary accident, the patient, without being exposed to causes, nor presenting the symptoms of coryza, of laryngitis or bronchitis, perceives that he can no longer make his ordinary volume of sound. This alteration increases rapidly. In some days the trouble increases so much that he can only speak in a whisper, scarcely perceptible to the ear. Apart from the alteration in the sonorousness, the other functions of the vocal apparatus are intact. The pronunciation is clear and distinct, the respiration perfect; there is neither pain, cough, dyspnoea, nor fever. When this state is once established, it has little or no tendency to pass away spontaneously. It will continue indefinitely, without proper treatment. This state is more frequent in syphilitic patients than some believe, and oftener than the patients themselves suppose. When it exists in a mild form they do not perceive it, and they attribute the slight alteration of the voice to the ordinary causes of hoarseness. Professional singers complain of it, on the contrary, from its beginning, on account of the obstacle which it carries to the vocal emission, either as to its flexibility, its sonoriety,



or, above all, to its extent; for it is the first sign which announces its invasion. One or two *tones* are almost immediately lost, from one day to the next, from the upper extremity of their habitual register. From the time of its appearance (four months on an average), this aphonia is placed in the secondary stage. It is also accompanied by the *plaques muqueuses* on the tonsils. However, this coincidence is not constant, which is not an indifferent matter, as regards the etiology of the laryngial affection. The protiodid. hydrg. in the dose of 8 to 10 centigrammes daily, in two pills, cures this affection with remarkable rapidity. Under its exclusive influence the aphonia is modified in two days, and cured in six or eight, at the farthest.

In relation to the syphilitic lesion which produces this aphonia, we may attribute it either to mucous tubercles invading the orifice of the glottis, or to a paralysis of the muscles whose contraction gives to the borders of this orifice their revibratory power. M. Diday believes the second hypothesis to be the more probable. It is the one which accords the best with the absence of all pain, malaise, and the extreme promptness of the cure, coinciding sometimes with the persistence or disappearance a great deal more slow of mucous tubercles of the tonsils.

Syphilography gives us, for lesions incontestably nervous, the répétition of this influence so rapidly curative. A facial hemiplegia, produced by syphilis, improves in a few days from the effects of internal specific treatment.—*Gazette Médicale de Lyon et Gaz. Hebdomadaire*.



[We translate the following article, by Dr. Warlamont, from the April number of the *Annales D'Oculistique*, for 1860, published at Brussels, and edited by that able ophthalmologist:—]

Dr. E. Williams, of Cincinnati, has recently described, in the *Cincinnati Lancet and Observer*, a new method of operating for entropion and trichiasis by the ligature. [Here follows a description of the operation referred to, which can be found in the October number of the *Lancet and Observer* for 1859.] The first time that the description of this process passed under my eyes, I was far from thinking that I should ever need to have recourse to it, because the results constantly obtained by the operation of Dr.

Anagnostakis, of Athens, were favorable. This latter operation has been described in the *Annales D' Oculistique* (vol. 38, p. 5), and it is not the place to recur to it here. My preconceptions, however, were not to be realized. In a patient under treatment in *L'Institut Ophthalmique du Brabant*, the operation of Anagnostakis had been followed by a relapse. The modification of this process, by Dr. Streatfield, — to-wit, the denudation of the tarsal cartilage — had not given a better result. At the end of a few months the inversion had been reproduced, and with it the sad consequences of their deformity. The ligature, applied according to the rules traced by Dr. Williams, was afterwards tried, and was followed by complete success, which I think worthy to be detailed in the following : — J. Brys, aged 35 years, formerly a soldier, and who had had during his service frequent attacks of granular ophthalmia, entered the Ophthalmic Institute, September 9, 1858, in the following condition : The right eye was completely atrophied, and the upper lid entirely inverted upon the stump which remained. In the left eye, the cornea is the seat of a traumatic pannus of the worst form, of thick, large cicatrices and nebulae, kept up by the friction upon it of the ciliae of the two lids, which the inversion of their edges holds constantly in contact with these sensitive and delicate parts. There is entropion and trichiasis carried to the highest degree. The patient considers himself incurable, and no longer sees to conduct himself.

On the 9th September, 1858, I excised a large fold of skin from the left lower lid, and practiced upon the upper lid of the same eye the operation of Anagnostakis. The restoration of the lower lid was complete, and is still sustained. That of the upper lid appeared at first quite as radical, and for some time seemed to maintain itself; but at the end of five weeks the difficulty had returned with all its gravity.

On the 16th November I repeated the operation, by adding to it the *evidement* of the tarsal cartilage, after the precepts of Dr. Streatfield. This time, also, the restoration was complete, and sustained itself for a considerable time. Thinking it permanent, it was attempted to clear up the cornea, then free from the causes of irritation which had so long tormented it. Frequent touching of this membrane with the *lapis divinis*, and finally the circumcision of the cornea by the method of Küchler, of Darmstadt, suc-

ceeded in clearing up a portion of this membrane, behind which an artificial pupil was made. All went on well for more than six months, when the entropion was reproduced a third time, and with it all the disorders which had been palliated after so much trouble. Different means were then tried, but without the least success, and the patient seemed doomed to inevitable blindness, when I became acquainted with Dr. Williams' method. I hastened to call to it the attention of Dr. Joseph Bosch, who, after a long absence, had resumed his service in the Institute, and he accepted my proposition to apply it to the unfortunate Brys.

On the 27th of January, 1860, it was put into execution. A large fold of the upper lid, extending from the ciliary margin to the lower edge of the eye-brow, and from the internal to the external angle, was seized between the branches of a forceps, six ligatures were successively passed through its base, following the rules traced by Dr. Williams. The presence of the cicatricial tissue, resulting from the previous operations, rendered the introduction of them very laborious; but, thanks to the dexterity of the operator, it was successfully done, but not without causing vivid pain. The threads were then firmly tied, so as to strangulate as completely as possible the tissues contained in the loop. This part of the operation extorted from the patient some further cries, but the pain diminished after a few moments and soon became quite supportable. Applications of cold water were used, and the patient slept the whole night.

The next day his condition was most satisfactory. There was scarcely any swelling of the strangulated tissues, all pain had ceased, and the reposition perfect. Three days afterwards the ligatures were removed and the cure accomplished.

Three months have passed since this last operation was practiced; the restored position of the lid, instead of diminishing, seems to establish itself more and more each day, and everything leads us to hope it will be permanent. As to the traces which the operation left, and which at first appeared very disagreeable, they have been gradually effaced. In this point of view, however, the process of Williams does not support a parallel with that of Anagnostakis, which we still expect to preserve as a general method, if only for this reason, reserving that which we have just described for rebellious and obstinate cases, for the relief of which the first shall have been deemed inadequate.

### Correspondence.

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#### ON THE TREATMENT OF NARCOTISM.

Messrs. Editors :—When this subject was before the Cincinnati Academy of Medicine for discussion, I made some remarks at the close, which are so briefly reported that they hardly do justice to my proposition : that, in extreme narcotism, artificial respiration is our only resource.

Substantially it was as follows : In narcotism the pathological indication is the lack of aeration of the blood—in other words, the retention of carbonic acid gas ; the therapeutical indication, to effect the usual interchange for oxygen by the act of respiration.

The opiate or any other agent acting similarly, obtunds the sensibilities to such a degree that the *besoin de respirer* is not felt ; hence the carbonic acid in the venous blood impinging upon the distribution of the pneumogastric nerve at the aerating surface of the lung no longer excites its functions as the excito-motor of respiration, and the reflex acts do not take place—the respiratory motion ceases and death ensues.

The pneumogastric nerve is the great excito-motor of respiration, though it shares this office with the fifth pair, and in fact with all sensory nerves — hence the value of irritant vapors upon the Schneiderian membrane, the cold douche, the electrical current, flagellation, forced locomotion, etc., in ordinary cases. And as long as the sensibility is intact, impression made by any of these means may produce the reflex acts upon the muscles of respiration ; but where sensibility is nearly completely obtunded, or extreme anesthesia exists, all efforts in this way must be without avail, and death must ensue without some other resource be in our possession. Fortunately, we have a precious one in artificial respiration. Here we imitate the natural function, and oxygen is carried to the surcharged and stagnant capillaries, the blood readily parts with its carbonic acid, moves again, and gradually (it may be long, depending on the amount of the narcotic in the blood,) our patient revives.

The reports of so many favorable results following the induction of artificial respiration, even (in one case) when a body had been under water twenty minutes, and in the experiments of Drs.

Dowler and Cartwright, on the mutilated alligator, are conclusive, that within a reasonable period after the respiration has ceased in asphyxia and in very late stages of narcotic poisoning, we may expect to set the life-current flowing again.

C. G. COMEGYS.

CINCINNATI, June, 1860.

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### Reviews and Notices.

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THE DISEASES OF THE EAR: THEIR NATURE, DIAGNOSIS AND TREATMENT.

By JOSEPH TOYNBEE, F.R.S., Fellow of the Royal College of Surgeons of England, etc., etc., with one hundred engravings on wood. Philadelphia: Blanchard & Lea. 1860.

This book is the result of twenty years' devotion of the author to his specialty. Naturally all readers will be favorably inclined to it. It is divided into nineteen chapters. The first chapter is devoted to an introduction to the whole subject; chap. 2, The external ear; chap. 3, The external meatus; chap. 4, The external meatus (continued); chap. 5, The external meatus (continued); chap. 6, The external meatus (continued); chap. 7, The external meatus (concluded); chap. 8, The membrana tympani; chap. 9, The membrana tympani (continued); chap. 10, The membrana tympani (concluded); chap. 11, The eustachian tube; chap. 12, The cavity of the tympanum; chap. 13, The cavity of the tympanum (concluded); chap. 14, The mastoid cells; chap. 15, The diseases of the nervous apparatus of the ear, producing what is usually called nervous deafness; chap. 16, The diseases of the nervous apparatus (concluded); chap. 17, Malignant diseases of the ear; chap. 18, On the deaf and dumb; chap. 19, Ear-trumpets and their uses.

This book will not disappoint those who may buy it. The author is a practical man, as is well seen on every page of his book. The details of cases illustrative of diagnosis and treatment are very interesting. The illustrations are well done, and are of great service in understanding the whole subject. The practitioner who is forced to medicate the ear, will find this book of great service.

It is published in the best style of Blanchard & Lea, at \$3.00. For sale by Rickey, Mallory & Co.

THE ELEMENTS OF CHEMISTRY, AS APPLIED TO AGRICULTURE. By C. B. CHAPMAN, A.M., M.D., Professor of Chemistry. Cincinnati: Winthrop B. Smith & Co.

This little manual is prepared by Prof. C. B. Chapman, of Madison, Wisconsin. It is a scientific book, but is rather especially designed for the use of the farmer, or the young man who is looking forward to that honorable vocation.

It treats of elements, elementary compounds, chemical nomenclature and symbols, mechanical and scientific agriculture, materials of soils, materials of plants, with the organic and inorganic compounds contained, of the atmosphere, forms in which nutriment is received by plants, classification of soil, manures, animal, vegetable, and inorganic, drainage. Arranged in brief and convenient chapters, these topics make up a small volume of 110 pages, well adapted to the purposes designed—that is, a practical hand-book of chemistry applied to agriculture.

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*Webster's Unabridged Dictionary—Pictorial Edition.*—The publishers of Webster's American Dictionary of the English Language, the Messrs. Merriam, of Springfield, Mass., have placed us under obligation by forwarding to our editorial sanctum a copy of their new pictorial edition of this standard work.

If it be true that this is not a strictly professional book, it is quite as true that every professional man who has a sincere regard for his English should have a copy of this Dictionary on his table, for convenient reference. We believe scholars with great unanimity accord to Webster's Dictionary the preëminence as a standard authority.

We have been struck with surprise, in a casual examination of Webster, at the number of words which it contains, and which are claimed as legitimate. The old edition contained some eighty thousand words: the present adds something near ten thousand new words, that have come into use within the past twelve years. It is difficult to conceive that so many new words have become recognized by good usage in so brief a period.

This edition, we are gratified to note, contains a very excellent table of synonyms; Bible words and terms; a pronouncing table of names of distinguished persons; phrases in use from various modern languages, etc., etc., etc.

The most prominent and attractive feature of this edition, however, is its pictorial illustrations. This is not entirely a novelty in dictionaries; indeed, this was a feature of Bailey's English Dictionary, published a century ago. The pictorial illustrations of Webster's Dictionary are placed in a body, in the first part of the book, and form an important addition to its many excellencies; the illustrations of architecture, ornithology, natural history, etc., are very valuable.

In conclusion, we have only to repeat what some one has already said with truth: that in view of its many excellencies, its great fulness and completeness, its unrivaled definitions and etymologies, it must be regarded as an honor to the nation in which it has been produced.

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### Editor's Table.

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*Editorial Salutation; A New Arrangement.*—Since the issue of the June numbers of the *Cincinnati Lancet and Observer*, and the *Cleveland Medical Gazette*, respectively, a new arrangement has been effected between these journals, essentially equivalent to a consolidation, although each journal will retain its own name, and they will appear, as heretofore, simultaneously at Cincinnati and Cleveland.

Hereafter, Dr. Gustav C. E. Weber, Prof. of Surgery in the Cleveland Medical College, becomes associated with Drs. E. B. Stevens and John A. Murphy, of Cincinnati, in the editorial management of the *Lancet and Observer*, while Drs. Stevens and Murphy acquire a like relation to the *Medical Gazette*.

By this arrangement the *Lancet and Observer* will not only receive an accession of editorial strength, but will have its range of working contributors materially enlarged; while on the other hand the patrons of the *Medical Gazette* with the like advantages will receive a monthly journal of 64. pp., instead of a bi-monthly of 80. pp., as was proposed in the last issue of the latter journal. Our readers may hereafter expect a regular résumé of everything new or interesting in surgery, for which Prof. Weber has kindly agreed to be responsible. Dr. Hartman, of Cleveland,

who has heretofore largely assisted in the getting up of the *Gazette*, will for the most part have charge of the department of Obstetrics, Gynecology, etc. It will therefore be apparent that we have secured a better concentration of editorial labor, and a more thoroughly systematized plan of operations than ever heretofore, and we doubt not that we shall be enabled to improve the character and usefulness of the journal in a corresponding degree. The friends of both publications, we trust and believe, will be well pleased with the new arrangement.

Of course, this combination makes no change in the financial relations of the two journals with their subscribers. The subscribers of the *Lancet and Observer* will as heretofore forward remittances to Dr. Stevens at Cincinnati; and in a like manner the subscribers of the *Medical Gazette* will remit to Dr. Weber at Cleveland. We presume that there are a few physicians who are already subscribers to both journals, and who of course will not wish to receive a duplicate journal. We expect all such to drop one or the other, according to their special inclination or peculiar circumstances. We suggest, however, to all such to make a special effort to secure a new subscriber for the duplicate copy, and indeed we shall expect, with these renewed and redoubled efforts to afford a capital first-class journal, that we shall have the hearty coöperation of our friends everywhere in contributions, money, and good will.

These details we presume will prove sufficient to prevent any conflict between the special interests of the two journals or the localities they represent.

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*The Ohio State Medical Society.* — In this number we give the minutes in full of the late meeting of the State Society, held at the White Sulphur Springs, Delaware Co.

It was one of the pleasantest meetings of the Society we have attended. This opinion we have reason to know is very general with those who have been regular in their attendance for some years. The interest and pleasure of the meeting was greatly increased from the fact that all of the committees presented full reports. Some of the reports were very ably and carefully drawn up, reflecting great credit on their authors, as well as proving profitable to the Society. When the proceedings are published, we shall have more to say on the reports.



In this connection, we can not omit to say that there is too great a disposition on the part of the Society to publish every report and volunteer paper read before it. We say this with the kindest feeling to the authors of the reports and papers.

The meeting was largely attended, the number present being over one hundred and fifty. No man need be ashamed of the legitimate profession of the State after looking over the members of the Society at the meeting. The feeling and cordiality of each and all were of the best. Nothing, indeed, occurred to mar the harmony of the Society.

It is to be lamented, that so small a number of the three thousand physicians of the State can be induced to attend the meetings of the Society. This should not be. We know some men who persistently ridicule, not only the State Society, but also the local societies in their neighborhood. There are some people in the world who, if they can not have a society of which they may be members, adopt their ideas, or course of policy, withdraw in great disgust, and abuse it. The fact is, and it may be stated in plain terms, that the day of attending to your own business, letting medical societies alone, and confining oneself to his little practice, is about over. Every man who absents himself from medical societies is as a general rule either a poor practitioner, a man who practises his profession as a trade, or a charlatan.

The only way to elevate our profession is for each and every member to manifest interest in it, and in everything which concerns it. The persons, then, who absent themselves from societies may be said to be unworthy of general professional regard, for they neither do anything for the general good, nor applaud by their presence those who desire to do something.

In our short lives, we have never known men either achieve practice, or reputation, who refused their countenance and aid to medical societies. There is much to be done for the profession by each and every one in our State, as well as in all the States of the Union. It is for State Societies to give greater popularity and force to the Code of Ethics, to induce every one to raise the standard of requirements for the students they may take under their tuition, and, in one word, to show the public that legitimate medicine is the only true and living system, and that its followers are gentlemen, scholars and men, into whose care the public health is only to be trusted with safety. It should be remembered that

" words only live when worthy to be read." We hope, then, that at the next meeting a larger number of the young and old men will lend not only their presence, but their cordial influence to the Society. The committees are so organized for the next year that we are led to believe that they will give full and good reports. The Society was so delighted with the beauty of the place, the excellent accommodations, and the kindness of the proprietor, that it adjourned to meet at the Sulphur Springs next year.

We do not remember to have passed four days more agreeably in a long time. The social features of the Society in themselves are enough to recompense every one for the trouble and time of attending its meetings. We then say to our readers, in this State especially, to determine early to arrange their affairs, so as that they may be present at the next meeting.

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*Summer Medical Instruction.*—The Cincinnati Summer School of Medicine made a decided success in its efforts to conduct systematic summer medical instruction this season; and closed up the course of Lectures and Examinations about the middle of June, all parties interested being well satisfied with the experiment. In some respects, the advantages afforded by this institution are unusual. The examinations, for instance, are more personally thorough and full. The course of instruction on Diseases and Surgery of the Eye given this spring by Dr. Williams, was very excellent, and highly appreciated by the gentlemen of the class. In the department of Experimental Physiology by Dr. McIlvaine, we are disposed to say, without any reflection upon distinguished gentlemen who have taught Physiology in Cincinnati, that some advance steps were taken in the way of actual experiment, that were never attempted in this valley before; for instance, among the experiments shown, the Dr. pierced the fourth ventricle of the brain, producing well marked diabetes; he also made a section of the fifth pair of nerves, producing facial paralysis, etc. Of course these are not original experiments; but, so far as we know, they have not been heretofore exhibited to any classes in this part of the United States at any rate, and we trust that Dr. McIlvaine will hereafter be prepared to illustrate his course of instruction in these respects much more fully.

Students now are becoming more alive to the importance of the

advantages to be gained by regular summer medical instruction, and the advantages afforded by devoting a portion of their pupilage, during the interval of winter lectures, to the hospitals of our large cities. We presume this disposition will increase, and that hereafter we shall find a large portion of medical classes remaining in the city, for three or four months every year, beyond the regular lecture season.

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*The American Medical Association.* — This national medical congress held its sessions June 5th, 6th and 7th, in the College Chapel, at New Haven, and adjourned to meet in Chicago, June, 1861. A very large attendance is reported, nearly seven hundred names having been registered. The new plan of working in sections seems to work well; and a large amount of business reports and papers were presented and discussed. By reference to the full report of the proceedings, which appears in this number of this journal, it will be seen that the subject of Medical Education received full and candid consideration. The spirit of the committees, as well as of the delegates who participated in the discussions, indicates clearly a disposition to recognize the reasonable supremacy of the American Medical Association, and to observe its recommendations as fairly and legitimately expressed. This is an important concession, which we hope will be honorably and judiciously used for the advancement of the educational interests of the profession. The social features of this meeting seem to have been on the same scale of profusion that have generally characterized these assemblages; the profession and citizens of New Haven appear to have exerted themselves to their utmost for the entertainment of their guests.

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*The American Medical Times.* — The publication of the *New York Medical Journal* is suspended, and in its place we have a new journal, with the above title. It is to be a weekly, and will appear regular after the 1st of July. Dr. Stephen Smith, Dr. Geo. F. Shrady, and Dr. Elisha Harris will have charge of the editorial department. The *Medical Times* is a large double-columned page, printed with beautiful type, on superior paper, and the initial number contains a fine variety of hospital reports, original communications, reviews, reports, news, etc. To

any of our subscribers desiring an Eastern or a weekly medical journal, we commend the *Times*; and we wish the publisher and editors every success in this worthy enterprise.

Baillière Brothers, 440 Broadway, New York, are publishers. Price, \$3.00 per year.

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*Successor to Prof. Geo. B. Wood.* — Dr. William Pepper, of Philadelphia, has been elected to fill the chair of the Theory and Practice of Medicine and Clinical Medicine in the University of Pennsylvania, made vacant by the resignation of Dr. Wood. We think this will prove an excellent selection. Dr. Pepper has heretofore served as attending physician to Pennsylvania Hospital with great acceptability, and as a clinical teacher he has a fair reputation. These antecedents, together with his large experience and high position as a private practitioner, will doubtless secure for Dr. Pepper abundant success in his new field.

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*A Mistake.* — We were mistaken in stating, as we did, last month, that Dr. Gerwe had resigned his position as one of the attending physicians at St. John's Hotel for Invalids.

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*Engraving of Columbus.* — The publishers, Messrs. Herline & Co., of Philadelphia, have sent us copies of their engravings of Columbus discovering America, and the Resurrection. In return for this courtesy we wish that we could honestly praise the execution of these pictures, but we can not do so. Our impression is, that the plates have been good originally, but that use has destroyed the fine outline of the engraving; at any rate, the copies that reached us were dull affairs, though at the low price of \$1.00 each, at which they are offered, they are cheap enough.

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— The unusual space devoted to the Reports of the American Medical Association, and of our own State Society, in this month's issue, have necessarily excluded much of our usual variety. We expect to do better in future. A large amount of original matter is on hand awaiting an opportunity for insertion. We trust these friends will be patient with us, and continue their favors. It is very pleasant to have a full pigeon-hole to start a month's issue.

## Obitua! Record.

DIED, in Dayton, Ohio, on the 22d of June, Dr. CONRAD BRODBECK, aged about 50 years.

The deceased was a native of Germany; he came to this country in 1835, resided five years in Philadelphia, and removed to Dayton in 1840, where he has since been engaged in the practice of his profession. His education was acquired in the University of Heidelberg.

As a man, Dr. Brodbeck was quiet, plain and unostentatious in his manners; he preferred that his works, rather than his creed, should manifest his character, and the benevolence of his heart is attested by the orphan children he adopted and brought up as his own. His many virtues had won for him the respect of his fellow citizens, a large concourse of whom followed him to the grave.

Dr. Brodbeck was a careful, cautious practitioner, of good judgment, and although not engaged in an extensive business, he had acquired the confidence of community sufficiently to maintain himself in a good practice. In his intercourse with his professional brethren, he was courteous and honorable, and always preferred taking any course to one which would lead him into strife.

His last illness probably commenced about three years ago, but it suffered a great aggravation from the fatigue and exposure incident to attending the Chicago Convention, to which body he was a delegate. A *post mortem* examination revealed extensive empyema of the left side, dilatation of the right side of the heart, and an amount of valvular ossification very unusual.

Dr. Brodbeck was a member of the State Medical Society and of the Montgomery County Medical Society. The latter Society held a special meeting, and passed the following resolutions:

*Resolved*, That by the death of Dr. Brodbeck society has lost a valuable member, and our Association one whose professional education and ability, correct habits and unassuming manners, commanded our esteem and respect.

*Resolved*, That we deeply sympathize with his family and friends in the affliction which has fallen upon them, and we will manifest our appreciation of the worth of the deceased by attending his funeral.

— WE regret to learn that the son of Dr. J. D. O'CONNOR, of Monroe County, in this State, was recently drowned in Sunfish Creek, near Clarrington. He was playing near a precipitate bank, and getting too close, fell over it into deep water, life being extinct before aid could reach him. Dr. O'Connor has our sincere sympathy in this severe bereavement.

— DIED, in Memphis, Tenn., on the 25th of May, after a brief illness, SUSAN JULIET, wife of Dr. LUNSFORD P. YANDELL, formerly of Louisville, Kentucky.

## CINCINNATI LANCET AND OBSERVER.

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SUPPLEMENT TO JULY, 1860.

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### *Dr. Fisher's Case.*

[We shall continue the series of articles by Dr. Delamater, being his deposition in the case of Dr. Fisher, commenced in the April number of the *Cleveland Medical Gazette*; and that the readers of the *Lancet and Observer* may have the series complete, we issue to them this supplementary number, giving that portion already published.—Eds. *Lancet and Observer*.]

*To the Editor of the Chicago Medical Gazette :*

I have finally concluded, in accordance with your request, to place at your disposal my deposition given in reference to a legal cause, to be tried at Chicago, Ill., in which Dr. Alexander Fisher is plaintiff, and ——— Stone, defendant.

As the case is still pending, I am unable to speak further concerning its proper merits, than that the plaintiff charges Mr. Stone with having injuriously defamed his character, in reference to a case of Inversion of the Uterus, which occurred in the person of the defendant's wife, said Fisher being the attending physician.

Judging from the interrogatories and cross-interrogatories put to me by the parties, which are the only sources of information properly open to me under the circumstances, I may be permitted, as I think, to mention in advance, that no suspicion was probably entertained of the existence of an inversion till the thirty-ninth day after the labor, when, on *per vaginam* examination being made by Dr. Fisher, the uterus was found pendent within the vagina in a state of complete inversion.

I have been advised informally, that some weeks, or perhaps months, subsequently the patient visited some remote water-cure, where she met with some practitioner who persuaded her to submit to an operation for the reposition of the inverted organ, which happily proved entirely successful.

The trial of such an issue will naturally embrace a number of particular inquiries of very great importance to the parties, and especially to the attending physician; such as —

1. When and where did the inversion take place ?
2. Was the inversion induced by any mismanagement on the part of the attending physician ?

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3. Did the inversion take place in consequence of any neglect on the part of the accoucheur to do what ought to have been done for its prevention?

4. Was the inversion consummated during or immediately subsequent to the labor?

5. Did indentation of the fundus take place during the labor, so that, in consequence of this depression of the fundus, the inversion naturally became complete at some later period?

6. Ought the attending physician, as a matter of course and of duty, to have been aware of the occurrence of the inversion, or of the indentation of the fundus, as stated in the preceding inquiries, at the time of their occurrence, so as to have afforded the patient a ready remedy, and thus to have saved her from the perils and sufferings of a complete inversion, or of a delay of reduction of the inverted organ?

7. If the inversion was neither commenced nor consummated during the labor, or immediately afterwards, when and where did it take place? and ought the accoucheur to have been aware of its existence in any of its stages at an earlier period than the thirty-ninth day after the labor?

8. And finally: Ought Dr. Fisher, upon the discovery of the inversion on the thirty-ninth day after the labor, to have proceeded immediately to the application of mechanical force for its restoration?

It may be imagined by the reader that the interrogatories put to me are unnecessarily comprehensive. But it should be recollected that the case to be tried by the court may not be simply what the plaintiff nor what the defendant would make it, but rather what the witnesses will make it; and that consequently it can not be fully anticipated what form the case may assume, and hence it becomes necessary, in taking a professional deposition, to provide as far as may be for all possible contingencies.

And, furthermore, it is known to those who have investigated a little carefully the science bearing upon the subject of inversion, that some differences of opinion exist on some points material to this issue. For example, the traditional opinion has prevailed for ages that inversion always commences by depression of the fundus, and that this depression, at least, must in all cases date from the period of the labor; and hence the suspicion, at least, arises in all such cases that this depression of the fundus, whether more or less, ought to have been discovered and remedied at the time.

The sentiment last named, so far as the period and manner of the commencement of this unhappy accident, appears to still obtain even among professional men of learning in regard to all the usual questions of simple practical bearing.

But it has so happened that I have been led to a different conclusion from the more prevalent one; and the interrogatories calling

for my own opinion, as well as my reasons therefor, rather than for the common and prevalent opinions upon the subject, I have been compelled, consequently, to pursue the subject in a more critical manner than would otherwise have been necessary.

In another particular, also, very material to this issue, I have been so unfortunate as to hold opinions at variance with those of my professional brethren generally.

The thought that inversion may, though rarely perhaps, commence at the neck of the uterus, rather than at the fundus, does not appear to me to have occurred to any one but myself; and yet it is so clear to me that it must sometimes be so, that I have been compelled to argue the point to an extent that would admit of no apology short of the sacred duties of my position as a witness, under the most solemn responsibilities, to state my own opinion upon this point, with my reasons therefor.

In discharge of the high duties of a professional witness in matters involving the rights of the parties in particular, as well as the character of the medical profession in general, I have regarded it incumbent upon me to recollect that the chief office of a professional witness is to enlighten the court, so as to aid that body to comprehend the nature and bearings of the case as it may come before them; and this consideration will, as I hope, be received as my apology at once for the simplicity and vulgarity even of my style of communication, in preference to a more direct and technical one, as well as for many details which to a mere professional audience might be regarded as superfluous. Nevertheless, I flatter myself that even in the apparently more extraneous details just alluded to there will be noticed an exactitude in many of the particulars not readily attainable from the more common sources; and also, that throughout the entire deposition there will be found a body of facts and particular explanations not easily reached elsewhere, which will abundantly repay the labor of a careful study.

I am, gentlemen, most respectfully your obedient servant,

JOHN DELAMATER.

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DEPOSITION.

Int. 1. State your name, age, occupation and place of residence.

Int. 2. If you answer the foregoing interrogatory that you are a physician and surgeon, please state how long you have practiced your profession and where, and whether you have made any branch of your profession a specialty; and if yea, what and whether you have taught and lectured on any branch of your profession; and if yea, what branches, how long and when, and whether you are now connected with any medical institution as a professor and lecturer; and if yea, what institution, and where is the same located, and how long have you been connected therewith as a professor and lecturer, and upon what branch of your profession do you lecture?



Int. 3. Are you acquainted with the parties to this suit, or either of them ; and if yea, which of them and how long have you known them respectively and where ?

Int. 4. If you answer the interrogatory above that you are acquainted with the plaintiff, Dr. Alexander Fisher, please state what his profession or occupation was, and where he practiced it.

Int. 5. If you answer the fourth interrogatory above that you knew the said plaintiff in the State of Ohio, as a practising physician and surgeon, state whether or not you had the means of knowing and do know anything touching his skill and ability or want of skill and ability in his said profession ; and if yea, state what you know about it, together with the means of your knowledge, and whether or not you know what his general reputation was among the medical profession, and in the neighborhood where he practiced his profession with the public, as a physician and surgeon ; and if yea, state what that general reputation was.

Int 6. How many degrees of inversion are there, and how are they distinguished, and when and under what circumstances and conditions does inversion occur. If you answer that it occurs at various periods, state what are the physical signs, symptoms and causes of the several degrees respectively at the respective periods of its occurrence, and give the reasons for your opinion, and if any case or cases have come under your notice illustrating your opinion, state the pathology and physical signs and symptoms of such case or cases.

Reply to interrogatory first :

My name is John Delamater, I am aged seventy-two years ; my occupation is the practice of physic and surgery, and also teaching medicine ; my residence is in East Cleveland, Cuyahoga County, State of Ohio.

Reply to interrogatory second :

I was licensed to practice physic and surgery according to the laws of the State of New York, on the first day of December, in the year eighteen hundred and six, and have constantly practiced that profession to the present time. I have never made any particular branch of my profession a specialty, but have equally responded to calls in each of the branches of that profession as they came to me ; nor am I aware of having enjoyed more reputation as a practitioner in any one of the departments of the profession than all the others ; excepting that having for some years past declined, in a great measure, the performance of surgical operations, my calls in that line have been less and less frequent ; yet, I am still constantly consulted in surgical matters, and even with reference to the propriety of surgical operations.

My locations for medical practice have been as follows : namely, two years and six months in Columbia County, New York ; four years in Montgomery County, New York ; one year in Onta-

rio County, New York ; one year and five months in the city of Albany and its vicinity, New York ; eleven years and six months in Berkshire County, Massachusetts ; fifteen years one and a half months in Herkimer County, New York ; ( four years of the time last named being partly spent in Wayne County, New York ; ) and seventeen years and six months in the city of Cleveland, and its vicinity, Ohio.

I have taught and lectured upon all the different branches of Practical Medicine, including *Materia Medica* and Pathology, as follows : In 1823 I gave a course of lectures on *Materia Medica* and Pharmacy, in the Berkshire Medical Institution, located at Pittsfield, Mass. ; and in each of the three succeeding years I delivered the annual course of lectures on *Materia Medica* and Midwifery, in the same school. I also delivered the annual course of lectures on Surgery, in the College of Physicians and Surgeons of the western district of the State of New York, located at Fairfield, Herkimer County, from 1827 to 1837 ; and annual courses of lectures on the Theory and Practice of Physic and Female Diseases, from 1837 to 1839 ; and the annual course of lectures on the Theory and Practice of Physic and Midwifery for the College term of 1839-40. I delivered also the annual courses of lectures on General Pathology and *Materia Medica*, in the medical department of Geneva College, located in Geneva, N. Y., from 1841 to 1843, both inclusive ; and have also holden, and still hold, the Professorship of General Pathology, Midwifery, and Diseases of Women, in the medical department of the Western Reserve College, located at Cleveland, Ohio, delivering annual full courses of lectures on these branches until within the last two years, since which I have enjoyed the aid of a colleague, who is expected, during the now current lecture term, to bear the principal burthen of these lectures.

And, furthermore, within the period intervening from 1828 to 1842, both inclusive, I accepted appointments, and in accordance therewith delivered the following lectures in addition to the annual courses above named, viz., six courses on the Principles and Practice of Physic in the Medical School of Maine, connected with Bowdoin College ; one course on *Materia Medica*, and three courses on Principles and Practice of Physic, in the Medical School of New Hampshire, connected with Dartmouth College ; one course of ten weeks, twelve lectures weekly, on Surgery and Midwifery, in the University of Vermont ; and four courses on Pathological Anatomy, Midwifery, and Theory and Practice of Physic, in the University of Willoughby, at Willoughby, Ohio ; and finally, in January and February, 1838, I delivered about sixty lectures on Surgery in the Medical College of Ohio, located at Cincinnati, Ohio.

Reply to interrogatory third :

I am acquainted with the plaintiff in this action, but am not aware of having enjoyed any acquaintance with the defendant. I

first knew Dr. Alexander Fisher as a medical student in attendance upon the medical lectures of the College of Physicians and Surgeons of the western district of the State of New York, named in my reply to interrogatory second ; and my impression is that he attended there during the lecture terms 1831-32, 1832-33, 1833-34, graduating at the close of the last named lecture term. I next knew him as a young practitioner of medicine at Camillus, Onondaga County, New York. In 1843 I renewed my acquaintance with him at Western Star, a village in the State of Ohio, located upon the dividing line separating Summit County from Medina County, where he then resided ; and subsequently continued my acquaintance with him after his removal to Akron, Summit County, Ohio, and until his removal to Chicago, which was something like five years since.

Reply to interrogatory fourth :

At Camillus, Western Star, and Akron, all named above, Dr. Alexander Fisher practiced all the branches of physic and surgery. I never heard that at the places last named he had any other occupation.

Reply to interrogatory fifth :

My knowledge of Dr. Alexander Fisher's ability and skill as a practitioner of his said profession is derived from personal consultations with him in regard to important and difficult cases of disease ; from letters received from him relative to his suffering patients ; from statements made by patients treated by him in regard to his expressed opinions upon and treatment of their cases ; as well as from considerable and repeated conversations with him upon medical topics generally. And from these various sources of information I have been impressed with the decided conviction that said Dr. Fisher possesses good talents, and a measure of professional knowledge far above mediocrity ; that he has also good tact and judgment, together with habits of most strict and persevering attention to his patients. In short, I have always regarded said Dr. Fisher as a leading physician and surgeon at Akron, as well as throughout the adjacent country ; and I have also had means of being assured that said Dr. Fisher enjoyed in an eminent degree the respect and confidence of the medical profession as a gentleman of liberal professional learning and skill, as well as for his gentlemanly and honorable bearing in his relations to them ; and I do further know that he was looked to and confided in by the community generally as a leading physician and surgeon in the part of Ohio above named, where he resided and practiced.

Reply to interrogatory sixth :

Inversion of the womb has been described by some writers as of two degrees, viz., complete and incomplete inversion.

Madame Boivin, and others, have admitted a fourfold division. See a *Treatise on Diseases of the Womb*, by Mme. Veuve Boivin

and A. Duges, translated by G. O. Heming, F.L.S., London edition, 1834, commencing on p. 113.

But I shall take the liberty, in accordance with most English and American writers, to adopt a threefold division, only premising, to obviate misapprehension, that whatever plan of division be adopted, the descriptions will be made to cover the whole subject equally with any other plan of division.

Professor Fleetwood Churchill, M.D. and M.R.I.A., in his learned and able work on Diseases of Women, etc., republished in Philadelphia in 1857, by D. F. Condie, M.D., p. 270, has the following, which is so much to my purpose that I transcribe it; namely, he remarks: "Dr. Newnham, who has published a valuable monograph on this subject, (namely, Inversion of the Womb,) has spoken of three degrees, namely, 'Depression, partial and complete Inversion.' With regard to the first he observes, 'The fundus of the womb is depressed within its cavity, but does not form a tumor in the vagina. The actual existence of this stage of the disease can only be known by introducing the finger into the (uterus) womb, and by ascertaining the state of the organ by pressure upon the abdomen (belly). By the *former process* the fundus (top) of the womb will be found to have approached the os internum (the point of termination of the canal of the neck of the womb in the cavity of the body), and by the latter a corresponding depression will be observed, instead of that regular contraction which is familiar to every prudent practitioner. This state is generally accompanied by an effort to bear down, by which it is often converted into *partial*, or even complete inversion.' Of course, says Dr. Churchill, so slight a change of the uterus (womb) is only perceptible through the parietes (walls) of the abdomen (belly), when the patient has been recently delivered. 'When the inversion is partial,' continues Dr. Newnham, 'the fundus (top) of the uterus (womb) is brought down into the vagina, forming a tumor of considerable size, presenting a semi-spherical form, and closely invested with the os uteri (its mouth). In this case the depression of the fundus (top of the womb), observed through the parietes (walls) of the abdomen, will be considerably greater than in the former, and the edge of the cavity thus formed will alone be left. In the *complete inversion*, the uterus (womb) will be found not only filling the vagina, but protruding beyond it, resembling in its form the uterus (womb) after recent delivery, only that its mouth is turned towards the abdomen (cavity of the belly). The mouth of the uterus (womb) may be felt at the superior part of the tumor, forming a kind of circular thickening at its apex (upper part of the tumor), and the uterus (womb) is wholly wanting in the hypogastric region (inferior part of the belly). This is usually accompanied with inversion of the vagina.'"

I apprehend that I am called in duty to mention my conviction,

that in some cases of acute inversion the change does not take place according to the order described above, as commencing at the top (fundus) by depression, indentation, and this portion of the organ passing successively through the body, neck and mouth; but, on the contrary, that in a few instances it commences at the neck, this part being first forced through the mouth, the remainder of the organ following. I do not say that this view has been stated by writers as having been observed, or that it is likely to be observed so long as medical men are prepossessed with the idea that inversion can only become established according to the usual order above named. I offer my views on this point simply as a necessary inference from the circumstances in which some inversions take place. By the way, it seems to me fit to remark, that the steps by which inversions become established have been very seldom observed, but have the rather been inferred from the following considerations: first, that in a comparatively few instances the different and orderly degrees of the change have been really and carefully noticed; second, from the circumstances in which the inverted womb is at first found being such as to leave no occasion for further inquiry on this point,—as, for example, when the inverted womb is thrust forth with more or less of the afterbirth (placenta) attached to it; and, thirdly, and more especially, from considerations drawn from the conditions of the womb, known to have existed, or inferred to have existed, at the moment of the accident, and the manner and nature of the forces known, or imagined, by which the change was effected. The greater part of inversions take place in connection with, or immediately subsequent to, the removal or expulsion of the afterbirth; and next in numerical order are the cases which occur soon after delivery. In the reports of inversions occurring in connection with labor or immediately afterwards, it is striking to notice how large a proportion of these accidents came unexpectedly and suddenly, taking the practitioner by surprise, and allowing him no opportunity to attend to the steps of the change. In such cases, to clear all doubts about the nature of the accident, the attendant would, of course, feel the belly, not to detect the stages of the change, but to ascertain whether or not the womb was present in that cavity, or absent from it. In regard to those cases of inversion which occur half an hour, an hour, or day or two after delivery, it is fair to infer that they were favored by relaxation of the organ, after it had been ascertained to have been duly contracted. The fact of a tendency of the womb, in some instances, to relax and become flexible, after having been fairly and firmly contracted, is well known and generally recognized; but such a relaxation will take place within the first hour after the expulsion of the afterbirth. And hence the writers on midwifery enjoin it as a duty of the medical attendant to remain within call of the patient for at least an hour after delivery, not-

withstanding that he may have ascertained, by palpating the belly of the patient, that the womb was in a proper state of contraction, from fear of several different accidents which are liable to arise from relaxation.

It is of interest to notice in how many reported cases of inversion, discovered for the first some time subsequent to labor, the reporter of the case affirms that he had ascertained by examination upon the belly of the patient that the womb was in due form and in a proper state of contraction and firmness, after the removal of the afterbirth; and it is fairly to be presumed, that in late years no practitioner of any pretensions to intelligence ever fails to practice such an examination after the close of the labor. Frequently he has reason for making such an examination prior to the close of the labor, on account of bleedings from the womb, or of delay in expulsion of the afterbirth; and in the cases last named he would not fail to repeat such an examination also after the removal of this body. Such a practice is emphatically urged in the books, and constantly impressed by lecturers on midwifery, not chiefly for obviating inversion, which is so seldom met with that probably not one practitioner out of forty or fifty has ever met with it, but because such a relaxed and uncontracted womb is liable to favor bleedings of that organ, so profuse as to extinguish life suddenly; consequently the practice is universally received, and I have no doubt adopted as a rule not to be omitted, by all practitioners in that line, of any respectability. And furthermore, I can not regard it as probable that practitioners are liable to fall into error and overlook, in such examinations, any special change in the form of the womb, provided the organ be sufficiently contracted to enable them to trace its substance and outline distinctly. A fairly contracted womb immediately, and for a day or two after labor, is of about the size of the head of a new born infant, firm to the touch practiced upon the walls of the belly pressed down upon, and readily wrapping round it; and in that part of the organ accessible by such an examination, it is of a globular form, and tolerably smooth; and unless the walls of the belly be extremely thick, as in some fat people, the form and condition of the womb is felt about as distinctly as if it were examined naked as when removed from the body; and after having been felt a few times, to fix in the mind a true ideal impression in regard to it. It would be impossible, as I think, that any impression, like that of the concave side of a tea-saucer, or of a common earthen bowl, could fail to arrest the attention of the examiner instantly, and secure the patient the necessary further investigations. For myself, I have noticed this state of depression so constantly assumed, once in my life, nor have I ever heard a practitioner say that he had himself noticed such an event; and yet I have not the slightest apprehension that I have ever overlooked it. I have not usually,

to be sure, had the rare accident of inversion particularly in mind, in making such examinations ; my single object being to be sure that the womb was in due state of contraction for securing the patient against several accidents, of which dangerous or even fatal bleedings are the most frequent ; and where the patient bleeds to any alarming degree, after the womb had been ascertained to be in fair condition, I reëxamine ; and such I believe to be the universal practice of all tolerably intelligent practitioners.

But to return to the subject of acute inversions of the womb commencing at the neck instead of at the fundus, after a rather tedious digression, for the purpose of showing that in a large part of the cases of inversion the assigned manner of the change is simply an inference drawn from facts positively ascertained in but few cases ; in short, that the view taken in most of those cases is simply an inference from the circumstances of the case, with what is known of the disposition of the organ, and of the character of the forces extraneous to it, of a nature to impress their mechanical impulses upon it ; and hence I hope it will not be regarded as unfit that I should declare my own convictions of the *various* manners of such an accident, as drawn from similar considerations. To proceed : it is known and stated with emphasis by the writers on this subject, that the womb is frequently found after delivery of the afterbirth, in such a state of relaxation and pliancy as to yield readily to any mechanical force impressed upon it, while its mouth is equally relaxed so as to allow the entire organ thus impelled to pass readily through it, and thus to become inverted ; the usual forces attributed are pressure from extraneous contraction of the walls of the belly upon all the contents of its cavity, including, in such circumstances, the womb also ; the walls of the inferior part of the belly compressing the upper portion of the womb directly, while the walls situated more superiorly would compress especially the hollow and more movable organs, as the stomach and intestines, in such wise as to act upon the womb through them also. Now since the walls of the belly are necessarily put into special action in almost all movements of the body, and often are brought suddenly into strong action in acts of coughing, sneezing, vomiting, straining at stool, or while voiding the urine, as well as on other occasions, it is obvious that such acts have a special tendency to force in the fundus (top) of the womb, and to establish inversion, and hence many inversions have been justly attributed to such acts ; and it is easy to apprehend that in cases where the womb is extended, stretched, as occasionally happens, by accumulations of blood within it being prevented from flowing off by a clot of blood blocking up its mouth, or in case the placenta were still contained within the womb, that the order of the inversion must be as usually stated ; and the same inference would be inevitable if the body and fundus of the womb were contracted, the

neck and mouth being at the same time very lax and yielding, as they usually are at the end of labor, and for some time—frequently for days or more—afterwards, though the cavity of the womb were free from all accumulations within it. But there are cases in which the womb is very differently situated, especially after severe labors, in which the powers of the womb, as well as of the general system, have become exhausted. Frequently such a loss of power and action on the part of the womb arises from extreme loss of blood, either during the labor or after delivery, sometimes, notwithstanding that the womb is known to have contracted favorably at the close of the labor; yet falling subsequently into a state of relaxation, extreme bleedings have ensued, and continued until the womb has become as soft and pliable as a wet ox bladder, while from the entire relaxation the flow has passed away so freely as to allow of no accumulation within to preserve its cavity and prevent a collapse of its inner surfaces upon one another, inasmuch that there may remain no cavity into which the flabby fundus could be depressed. It is evident, as I apprehend, that the process of inversion in such a case must be different from the common opinion of it. I have several times passed my hand into wombs situated precisely as last above described, for the purpose of exciting contraction by the stimulus of the moving hand within it; and sometimes have in that way also introduced special agents for rousing it to activity, and revolving such. Cases in my practice have occurred where the smallest special pressure upon it could hardly fail to force it down through its mouth, equally relaxed and void of all resistance, as I believe to have occasionally happened. I have said to myself, "It is impossible that in such a case the inversion should begin by depression of the fundus into the cavity of the organ; but, on the contrary, that, subjected to pressure tending to force it downward, in such a case it would inevitably be crushed into an irregularly folded mass, which must emerge from its narrower mouth in an order commencing immediately above the neck. If the mouth were extremely yielding, and the impulsive force adequate, the whole of the organ would be forced through so suddenly as to render it impossible to trace the order of its emergence by the touch, even though the finger were at the moment within the vagina."

Perhaps I ought to qualify the assertion that the womb protrudes beyond the vagina, in all cases of complete inversion taking place at or immediately after parturition. Some writers appear to make such exceptions; and some reporters of cases state cases as if the displaced womb had at first been wholly confined within the vagina, and had consequently been overlooked, but that subsequently, in some act in the sitting or standing posture, the womb had been thrust forth beyond that canal, which led to a discovery of the event. It is remarkable, on close scrutiny of such reports,



that in some of the cases there had been no preceding symptoms indicative of such a state, while the bearing effort accompanying the final extrusion of the organ, and which, as I apprehend, may have been the sole cause of the event, seems to be wholly ignored in the inference drawn in regard to the date of the origin of the accident. And even where the symptoms seem to corroborate the inference that some displacement of the womb had really existed for some time previous to its external appearance, they nevertheless could not alone afford reliable information as to whether it was previously complete or incomplete. Much of such statements are evidently founded on inference merely; and how much such inferences were modified by the current traditional notion that all inversions must date their incipency at least from the preceding labor, which to me is clearly an error, it is not possible for me to know. I am apprehensive, however, that if this error were dissipated, it would materially change the face of many of these reported cases. I am not disposed to deny, however, that if the womb were very much smaller than usual, as I have in a few instances found it to be, and if the inversion were effected silently, without strong bearing down effort, and especially if the patient were at the time chiefly in a recumbent posture, that an inverted uterus might possibly be confined wholly within the vagina, though the inversion were complete. If the displacement were effected gradually, so as not to be fully consummated before the expiration of a few days after the labor, such a condition would be frequent. The usual fact, however, is as I have first stated it; the uterus in such circumstances protrudes more or less beyond the vagina.

In those cases of complete inversion of the womb which do not occur till ten days or more subsequent to delivery, as well as those which follow abortion, or any other condition in which the womb is not greatly developed, the inverted womb might not protrude externally beyond the vagina.

The chief circumstances in which inversions of the womb may take place, are: 1st. Immediately after delivery, and especially after a very sudden delivery, and all the more readily if the patient were delivered while upon her feet; 2d. A few days after delivery; sometimes, probably many days, perhaps several weeks after delivery,—in some of the reported cases, discovery of the existence of inversion was not made till several years subsequent to child bearing; and, 3d. Inversion may take place very gradually, in consequence of a polypus attached to the fundus internally, the patient not being pregnant; and also in cases of development of the womb from other causes independent of pregnancy.

In regard to the immediate (proximate) causes of inversion of the womb, I remark, first, that it is generally conceded that there is full proof that some instances of this kind are without showing appreciable cause.

I am aware that medical gentlemen speculate and put forth conjectures with regard to the special agencies by means of which the event is consummated ; as, for example, some attribute the accident to undue relaxation of the organ, and others to irregular action, some portions of the womb being in a state of active contraction, while other portions are in a lower state of action, or in a state of inaction and relaxation ; others suppose the womb to be in a state of relaxation, and that a strong bearing down (straining) effort of the patient may invert it. Some have assumed a bearing down action of the fundus and vermicular annular contraction of the body and neck, as solving the inquiry. Inversion has also been attributed to undue tractions made upon the umbilical cord (navel string) for the purpose of detaching the placenta from the womb, while this organ was in a state of relaxation, as the chief cause ; and doubtless inversion has occasionally been effected in this manner ; but such a consequence of tractions upon the cord is, I believe, far less frequent than has been imagined.

Professor Churchill, in his *Treatise on Diseases of Women*, already alluded to, remarks, at p. 374, in reference to this point, as follows : “ Forcibly pulling the funis (cord) for the purpose of detaching the placenta, may, perhaps, under certain circumstances, give rise to this accident, namely, inversion of the womb, but it is a rare occurrence.” I have myself been acquainted with quite a number of cases in which the cord was ruptured without inducing inversion.

In many of the Eastern sections of the country, the practice of midwifery was, at an early period, principally in the hands of uneducated women, whose chief resource in all cases of delay of the afterbirth was pulling at the cord.

I have myself had considerable opportunities in earlier life for knowledge of the practice of these midwives, and to be persuaded that, notwithstanding many evils resulted from their want of skill, inversion of the womb was not, in any marked degree, one of them.

To render traction of the cord effective in procuring inversion, the womb must be generally inactive and relaxed, or at least the neck and mouth must be relaxed, and the placenta upon or near to the fundus of that organ ; and moreover, the tractions must be sudden and strong, unless the womb have wholly lost its excitability, so as to be in a state of absolute inertia, which is extremely rare ; otherwise, if the tractions be first gentle, though afterwards forcible, the womb will be roused to activity and become tense and stiff, by means of the gentle preliminary tractions, and inversion will consequently be averted. But a coincidence of all the circumstances indispensable to give efficiency to this cause will very rarely occur. Nor would it often be easy in a case of inversion, where tractions of the cord had really been practiced, to say how far the unhappy event was to be attributed to these tractions. I do not

believe, however, that such tractions are entirely innocent or free from danger of promoting inversion, but I feel sure that even when they do so, they are operative only in concurrence with other causes.

And finally, in admitting that the various suggestions above named, in reference to the immediate causes of inversion, have some foundation in fact, I am compelled to admit also, that our positive knowledge of the precise influence of each or several of them combined, is so limited, so much of the character of hypothesis, as to suggest some caution in our manner of stating them. And considering that inversion is so very rare, and in nearly all instances has already been consummated before the attention of the practitioner has been called to it, and that when, even by a still rarer chance, he has been permitted to witness the steps of the change, he has been taken so much by surprise, and the process itself has mostly been so sudden and brief, it ought not to astonish us, perhaps, that the pathology is so unsettled, and the *rationale* of the process is still incomplete.

In complying with the call for the symptoms of inversion of the uterus, I shall take liberty to notice first the symptoms which attend acute inversion, or inversion taking place along with the last stage of labor or soon afterwards; the displacement being in the second or third degree, according to the definition of those degrees above and usually given.

These symptoms chiefly consist in a sensation of weight and dragging in and about the pelvis, loins and inferior parts of the trunk of the body; often there are severe pains referred to one or more of the same regions, as well as to the back; and usually, though not constantly, there are profuse bleedings (floodings), which may be very alarming, issuing from the genital passages. At the same time there also occur faintness and sinking, or even complete, and may be repeated and prolonged syncopes (absolute faintings, with loss of consciousness, loss of pulse, etc.) Often there is also vomiting; less frequently, complete or incomplete loss of power to expel urine, and occasionally convulsions; and when the floodings and symptoms of sinking are extreme, death may supervene very speedily.

The number and intensity of the symptoms above named will be modified by the constitution of the patient, and the degree and suddenness of the inversion.

To the symptoms above named should be added the physical signs described in the definition as above given by Mr. Newnham, of the different degrees of this kind of displacement of the womb.

But in regard to the symptoms of inversion above named, in distinction from the physical signs, it seems necessary to remark that not one of them, nor all of them combined, would afford conclusive evidence of the presence of inversion. Thus bleedings

(floodings), even profuse and dangerous, are not very unfrequent after labor. Faintness, faintings, and even syncope are not very uncommon in the same circumstances. Such faintness, faintings, etc., are common incidents of great loss of blood from any cause, but they sometimes attend and follow parturition independently of either great losses of blood or inversion of the womb.

A moderate degree of weakness and languor, immediately or soon after the termination of parturition, is indeed the usual and perhaps normal condition; and where these symptoms are a little more severe, they are not regarded as particularly alarming; but in some instances this nervous shock, as it is denominated, is so urgent as to be followed by dissolution as speedily, or even more so, as from the most profuse losses of blood. From such sinkings (nervous shocks), when mild, patients recover speedily; but when severe, even though not in a degree to be fatal, the patient may lie for many days in a precarious condition, rallying but tardily, and remaining the subject of weakness and nervousness for many weeks or for many months even.

A sensation of weight and dragging in the pelvis, groins and in the loins, and also of pain in the back, and difficulties of various kinds in voiding the urine, are familiar effects of mere bearing down of the entire womb to a lower and unwonted position in the pelvis (prolapsus); and similar symptoms are apt to attend diseases of the mouth of the womb, the vagina, the bladder or the lower bowel; and occasionally, in any of the diseases last named, there is observed coincident losses of blood from the womb, attended also by weakness, sensation of faintness, with disturbed digestion, etc. I repeat, then, that there are no symptoms nor sets of symptoms absolutely peculiar to inversion. Sensations of weight and dragging about the pelvis and loins are most significant, and when obstinate, or attended by other grave symptoms, call for special investigations; but in themselves they afford no ground for any conclusive opinion in regard to their cause. The physical signs—that is, changed form as felt at the abdomen and vagina—alone afford the only basis for a reliable judgment in regard to the presence of inversion.

In cases of depression of the fundus merely, as defined above, the symptoms will be influenced very much by the extent of the depression. If the depression be slight, there may be no well marked symptoms; and the womb may spontaneously recover its normal condition; but when the depression is more considerable, the fundus being pressed deeply into the cavity and upper portion of the neck, the symptoms may be more marked, consisting in bleedings from the womb, with weakness and faintness, pain and sense of weight in the pelvis, disturbance of the digestive organs, etc. But if the depression had commenced a week or more after parturition, the symptoms may be slight and indefinable. In

acute cases of partial or complete inversion, the symptoms, although severe at first, if the case do not prove (immediately or somewhat more remotely) fatal, will gradually mitigate, and come to consist principally in tendencies to recurring, but moderate, may be profuse bleedings, with constant disposition to copious mucous and watery discharges from the vagina, and for the most part there will be sense of weight and dragging about the region of the pelvis, with disturbance of the urinary organs; there will also be a tendency to dyspepsia and nervousness, with weakness. In some cases, however, these symptoms so far subside as to allow the patient to enjoy a tolerably fair state of comfort and of general health for many years. Cases are reported in which the patient survives 20 or 30 years with well ascertained inversion. There are, however, a few cases of inversion which are *never* attended with the more characteristic symptoms of this affection, such as weight, dragging, urinary disorders, etc., but such cases chiefly take place, or are detected, at least, at a period considerably removed from the preceding labor.

The following observations will afford a fair illustration of the varied forms and history of these cases:

*Case 1st*—is reported by Dr. Montgomery, from the *British and Foreign Medico-Chirurgical Review*, No. 37, April, 1857, p. 423: "Mrs. M. was delivered of her fourth child, head presenting. The labor had been lingering, and two half drachm doses of ergot had been given, with little apparent effect.

"As the placenta did not seem likely to come away, the womb being sluggish, the nurse was directed to make pressure over the uterus, while the doctor drew upon the cord. In about ten or fifteen minutes the placenta came away, followed on the instant by a large round tumor, which passed completely out of the vagina. This was ascertained to be the uterus, completely inverted. It was returned within the vagina without much difficulty, but pressure on the fundus failed to restore it to its proper place. There was some hæmorrhage, but not much. There was a pressing desire to make water, but scarcely any other symptom. This was her condition when Dr. Montgomery was called in, about an hour and a half after delivery." This inversion was evidently effected by means of the very reprehensible tractions made upon the cord, aided by the coincident pressure upon the uterus by the nurse.

*Case 2d.*—In the *Dictionnaire de Médecine, ou Répertoire Général des Sciences Médicales*, 2d edition, Paris, 1846, pp. 349, 350, we find the following remarks, which I translate from the French, as follows, viz.: "At the epoch of labors, two causes may produce inversion of the womb: traction made upon the placenta still adherent to the walls of the uterus, and impulsion of the intestines made against these walls. When the cord is very short, or

is coiled around any part of the child, the placenta may be drawn upon during the delivery, and carry with it the fundus of the uterus, as has been observed by Levret. But in this case the child had been extracted by the forceps; and its extraction had been more rapid than the contraction of the uterus. (This case by Levret is the only one of the kind found upon record.) "For such an accident to occur during *natural* labor, it would be necessary that the womb should remain inert (inactive and lax), and that the expulsion of the child should be produced solely by the contraction of the abdominal muscles"—that is, by the action of the muscles last named impelling the intestines upon its fundus; in other language, by a bearing down—a straining effort merely. Such an action, the womb remaining at the same time in a state of inertia, would be painless. But notwithstanding the absence of pain, all the other grave symptoms heretofore mentioned might equally ensue, as in the most painful cases of inversion.

*Case 3d.*—Churchill, in his Treatise on the Diseases of Women, previously named, pp. 372, 373, relates thus: "Dr. Waller, in his edition of Denman's Midwifery, at the end of Denman's Observations on Inversion of the Womb, p. 244 (note), subjoins a case related to him by Dr. Williams, of Guilford street, which convinced him of the possibility of spontaneous inversion. The doctor had attended a lady in her fourth labor; the pelvis was of ample dimensions, the child soon expelled, the funis (cord) was tied, and the child separated; immediately afterwards there was a long expulsive (bearing down) pain, by which the doctor naturally enough inferred that he should find the placenta detached and thrown off. On regaining his seat by the side of the bed, and making an examination, he felt a large substance protruding from the vagina, which proved to be the organ (uterus) in an inverted state." In reviewing the particular history of this case, it becomes quite apparent that Dr. Williams could have had no agency whatever in the induction of the inversion; and, furthermore, that there was nothing in the attendant circumstances to admonish him of any special tendency in the case to such an accident.

*Case 4th.*—Churchill, in his Treatise on the Diseases of Women, above named, continues: "Dr. Radford relates the following case (Radford's essay in the *Dublin Journal*): 'The subject of this accident was Mrs. Birch, of Great Bridgewater street, a well-formed, healthy young woman, and this was her first confinement. I was summoned on the 17th day of May, 1826, in the afternoon. I found her walking about the room with pains, bearing down and effective. In a short time after my arrival, whilst leaning forward on the bed, she was delivered of a fine, healthy male child; from this position (as soon as the child was separated), she was removed carefully into the bed. In less than ten minutes she had a slight

pain or two. The patient expressed some fears lest the placenta should stick; but on my making examination, *per vaginam*, I distinctly felt the insertion of the funis (cord) into the placenta, and relieved my patient of her fears as to its being retained unduly. I had scarcely assured her that all was likely to terminate well, when she was suddenly seized with a strong bearing down pain; and on making further investigation, what I took for the instant to be the placenta, pressed forward by a second child's head; but having recourse to an ocular investigation, I was undeceived in this respect, and found the uterus inverted, and which had passed externally from the vagina, and the placenta attached to it.' After relating the steps taken for restoration of the displaced organ, which proved readily successful, Dr. Radford proceeds: 'I was now called by the nurse to examine the state of my patient, which indeed was very alarming. Her face became suddenly pale and bedewed with cold sweat; her pulse was rapid and unsteady; there was great prostration of strength, and a threatening of convulsions and death.' He then details the remedies resorted to for the patient's relief, after which he further proceeds as follows: 'I would remark, first, that this inversion was entirely spontaneous, as I had not even taken hold of the funis (cord) at the time it happened. Secondly, as there was no hæmorrhage, and as the re-inversion was effected in a few seconds, it was somewhat difficult to account for the depression of the vital powers, amounting nearly to dissolution.' Subsequently the doctor continues: 'It appears to the writer that the uterine pain, diminution of bulk, firm, resisting feel, sudden formation and rapid protrusion, warrant him in the deduction that the fundus and body of the uterus, so far from being in a state of collapse or relaxation, are really in a state of unnatural excitement and action. But this is not the case with the os uteri (mouth of the womb); on the contrary, it is soft and yielding, as we find that it offers no resistance to the coming down of the tumor, whose protrusion is forcible and rapid.'"

In regard to the case last narrated it is due to remark that I regard Dr. Radford's deductions in regard to the conditions of the womb favoring the accident as entirely satisfactory and conclusive; and, furthermore, that the fundus being at least moderately contracted, it would be impossible by any known mode of investigation to have anticipated the unhappy result, or, so far as I can see, to have taken any effectual steps for its prevention.

*Case 5th.* In the Transactions of the Medical Society of the State of New York for 1859, published at Albany, N. Y., pp. 172 and 173, we find a case reported by Daniel P. Bissell, M.D., of Utica, which affords another illustration of spontaneous inversion of the uterus, attended by some peculiarities which seem adapted to illustrate still further the various manner of this accident. It is as follows: Dr. Bissell writes, "the case to which I refer was a pri-

mapara (first labor), the patient twenty-four years of age, robust and of plethoric habit. The labor of the birth of the child was in all respects natural, although somewhat protracted, and the pains very frequent and of unnatural force. After the expulsion of the child, she was greatly exhausted, and, therefore, allowed to remain perfectly quiet until she revived, giving a little wine and water to sustain her. In about twenty or twenty-five minutes reaction took place, when the patient was seized with severe pain; or, rather, suffered continued pain, attended with great restlessness, sickness of the stomach, and profuse hæmorrhage. I at once introduced my hand, to ascertain the nature of the derangement, and found the fundus of the uterus inverted, and forced down into the neck and os tincæ, (mouth of the organ), with a portion of the placenta attached, while much the larger part of it (the placenta) lay in the vagina. The womb was folded inwardly upon itself, but not entirely inverted. The diagnosis was clear; but the knowledge which it afforded was anything but satisfactory to a young man in the first years of his practice.

"It may be supposed, therefore, that I felt the full responsibility of my position, and earnestly inquired of myself, how shall I proceed? The violence of the flooding admitted of no delay. My patient was rapidly sinking.

"Under the circumstances, I resolved to detach and remove the afterbirth, before reducing the womb. This was readily accomplished; but, in the operation, the uterus was entirely inverted by an action within itself, and now rested upon the perineum. Here the whole process of inversion was self-induced. In separating the placenta, I endeavored to sustain the fundus, and prevent its further descent; but the pain, or effort, of the patient, which effected the expulsion of the afterbirth, completed the inversion, notwithstanding my best endeavors to prevent it, at the moment when it occurred." Dr. Bissell proceeds to describe the measures which were pursued for effecting the re-position of the inverted organ, which proved entirely successful, and then, further, continues his remarks, as follows: "In this case, it is entirely certain that neither the 'rashness of the midwife,' nor the imprudence of the patient caused the inversion; for, after the birth of the child, no effort whatever was made to extract the placenta, nor was the woman allowed to move until after the occurrence of the accident. The cause of it, therefore, must have been internal and involuntary."

In reviewing the details of this case, I am unable to apprehend that the unhappy event could have been either anticipated or prevented.

*Case 6th.*—Within a few weeks past, I had the pleasure of meeting my old friend, George Landon, M.D., of Monroe, Michigan, a gentleman of highly respectable standing in his profession,



strong and very protracted pain, the child was expelled, he being at the time in position to receive it; but to his astonishment he found the child, the placenta, and the womb, all forced down together by the same expulsive effort. The placenta remained fully attached to the fundus of the womb, this body with the womb forming a tumor which protruded externally to near the patient's knees. To the touch the uterus appeared to be of about the firmness of fresh beef, and of a volume, as the Dr. describes it, about that of his arm, he being a large, fleshy man, with an unusually large, fleshy arm. There was no hæmorrhage from first to last. But notwithstanding the absence of hæmorrhage, the appearance of the patient became instantly very alarming; the pulse was feeble and fluttering; the face of a deadly pallor, with a ghastly expression of the entire countenance, like that of a dying person. The womb being readily restored to place within some two minutes from the occurrence of the accident, the patient began to rally in course of half to three-fourths of an hour, after which her convalescence proceeded without further accident or unusual delay. The child was plump and healthy, and still survives. In the course of a day or two subsequent to the above named narration, Dr. Landon returned home from Cleveland to Monroe, but recollecting that I had neglected to ask him in regard to the length of the umbilical cord (navel string), I addressed a note by mail inquiring in regard to that particular. To this inquiry the Dr. wrote in reply as follows: "With regard to the length of the umbilical cord, I have no recollection, but Dr. Smith (who has for many years past been Dr. Landon's partner in business, and who was instantly called at the time to give his assistance) tells me *that the first question he asked me on his arrival was, whether the umbilical cord was shorter than usual?* and that my answer was, *It was of the usual length.*"

It seems obvious enough that this case of inversion is attributable purely to abnormal action of the natural organs and forces subservient to the functions of parturition, and to no other cause, and also that the event was wholly unavoidable.

*Case 7th.*—In an obstetrical practice of more than fifty-three years, I have seen but a single case of inversion of the uterus, which was as follows: In August, 1846, I was called in the night to the village of Brighton, situated about five miles southwest of the city of Cleveland, to visit a Mrs. Ease, who had been confined by child-birth ten days prior to my visit to her; Dr. Julius A. Sayles, then of Ohio City, a gentleman of intelligence and respectability, who attended her in her labor, being still her attending practitioner.

It appeared from the statements made to me by Dr. Sayles, and concurred in by the patient and her family, that nothing untoward occurred during or immediately subsequent to the labor excepting

hæmorrhage which followed the removal of the placenta, he had in this instance taken particular pains in this respect, during the continuance and also after the subsidence of the hæmorrhage, so as to be fully sure that the womb was intact and contracted as usual, and also of normal form, when he took leave of the patient after the subsidence of the hæmorrhage. And so far as the patient could know in regard to the facts, she fully concurred and still avows her concurrence in the statements in regard to the event as made by Dr. Sayles, and narrated above; and, for myself, I owe it to add that I entertain no doubt that the account of the matter as I have stated it, is, in all respects, true and reliable.

On proceeding to make a tactual examination of the case, I found the womb protruding externally, considerably beyond the vagina; of a volume, by estimation, about two-thirds as large as is usual immediately after delivery; and quite soft and flexible to the touch.

In proceeding to replace the inverted organ, we first cleared it of blood as far as could be done by compression upon it on all sides made by the hands. Considerable blood being expressed from it by this means, its volume was considerably diminished in consequence. We then pressed the protruding organ back into the vagina.

Then introducing my left hand fully into the vagina with a view to stiffen the organ by grasping it with the hand, and also for the purpose of directing the pressure made at the same time upon the entire fundus directly upon the mouth of the organ, hoping thereby to return the uterus into the abdomen by a movement of flexion, commencing at the neck, and extending successively through the body, in such wise that in the process of reduction the fundus would be the last portion of the organ which would pass upwards through its mouth. But the womb proved so flexible that it was found impossible to act efficiently upon the neck by such a procedure. We consequently changed the plan of operating as follows: Retaining the left hand in the vagina, the fingers of the right were gathered into a species of cone, the point (apex) of which was applied and pressed upon the centre of the fundus; by this means the fundus was readily indented and carried upwards through the body and neck until it was arrested by the mouth, which could be easily distinguished by the points of the fingers of the right hand through the uterine walls, as well as directly by the fingers of the left hand which were outside of the organ. But after moderately firm pressure steadily maintained for about ten minutes against the mouth by the fingers within the fundus, the neck was perceived to yield, allowing the entire organ to pass through, with the hand within carried forward along with it, when the organ instantly resumed its natural form and proper position within the abdomen. The hand being still retained within the uterus, the

organ soon began to contract upon itself so equably and efficiently as in a sense to tend to expel the hand from its cavity, and now yielding to this impulse the hand was slowly withdrawn. The uterus being thus replaced, the convalescence of the patient proceeded afterwards as favorably as if no accident had befallen her.

There are a few particulars appertaining to the case last narrated which seem worthy of special remark. 1st. This was clearly a case of retarded involution, or unnatural delay of the return of the organ after delivery towards its non-partum volume; 2nd. This uterus, ten days after her labor, was found extremely lax and pliable, in a state every way adapted to favor inversion, upon the application of any adequate impulse or pressure applied to its fundus; 3d. The straining at stool, which apparently arose from the initiation of her cathartic, favored by the sitting position, would evidently be attended by an impulse of the intestines upon the fundus fully adequate to the production of such a result in a womb thus situated; and 4th. The only obvious and rational inference deducible from the entire history of this case is, that both its commencement and consummation dates at the moment of the accident, and that the inversion was effected wholly by means of the protracted bearing down effort which immediately preceded and attended the appearance of the tumor externally.

*Case 8th.*—In the 45th No. of the *British and Foreign Medico-Chirurgical Review* are found two cases of inversion of the uterus, in which forcible reduction was effected by Prof. White, of Buffalo, N. Y. I take the liberty to extract so much of his second case, p. 205, as relates particularly to the history of its occurrence. It is as follows: "A lady, aged thirty, was delivered in September, 1857, of her second child. The placenta adhered, but was removed in thirty minutes; this was followed by copious flooding, severe pain, and faintings. For three weeks she continued extremely weak. About this time she took an aloetic cathartic, which produced violent efforts at the stool, and pains resembling those of labor; profuse hæmorrhage followed these efforts, and a large pear-shaped tumor made its appearance through the os externum (mouth of the vagina)."

*Remarks.*—It does not appear quite certain that indentation of the fundus may not have occurred in connection with the labor, since Professor White has omitted all mention in regard to what was either known or might be fairly presumed in that regard. The circumstances as detailed do not, however, allow us to assume that such was the case. The conditions of the womb which favor inversion much more frequently give rise to hæmorrhage than to inversion, sometimes to both. The hæmorrhage and the pains which followed the removal of the placenta only make it probable that there was at once relaxation of that part of the womb to which the placenta had been attached, accompanied by painful spasmodic

contractions of some other portion of the organ. The inversion was evidently effected chiefly, if not wholly, at the expiration of three weeks after the labor, by means of the pains and straining induced by the cathartic. The pains resembling those of labor seem principally referrible to active simultaneous contractions of the womb.

*Case 9th.* In the 30th volume of the *Dictionnaire de Médecine ou Répertoire Générale des Sciences Médicales*, previously named, p. 351, we find a case related of an inversion which occurred on the twelfth day after labor, in circumstances so unequivocal as to put the period of its occurrence beyond question; and, therefore, translate it from the French for our present purpose. The relation is as follows:

"A woman arrived at the twelfth day after her parturition, in making violent efforts to expel hardened fecal matters, soon perceived that a voluminous body had escaped from the vulva. Ane and Baudeloque being called to her, recognized that this body, which was more voluminous than the head of a new-born infant, was the womb completely inverted. This woman delivered without much effort; had experienced an alarming loss of blood, evidently due to inertia (relaxation) of the womb. On the third day of her confinement, she had experienced a second attack of hæmorrhage, which was also very profuse, and was attended by syncopes. Baudeloque thought that the inversion might possibly have existed in a manner incomplete from the time of the delivery, or, at least, that it had commenced on the third day, and have remained incomplete till the twelfth day. The same woman was confined three years afterwards, the consequences being no way extraordinary. But three years after, another labor, which presented nothing remarkable but the feebleness of the expulsive efforts, the womb became again inverted. This inversion, however, like the former one, did not manifest itself until the thirteenth day after delivery. Ane, excited to special vigilance by what had passed previously, had made every effort to prevent the accident. He had examined the state of the womb on the sixth day, and ascertained that it was in the hypogastric region, above the pubis. It appeared then that the uterine walls were neither depressed nor inverted. These two observations (that is, cases) are extracted from the excellent dissertation of Dr. M. Daillez, upon the inversion of the womb (thesis in 8 'de la Faculté de Paris')."

*Remarks.*—In this case we find unquestionable proof that the womb was intact in all respects on the sixth day after the labor; and also that there were no signs of the approach of the accident previous to its occurrence, but on the contrary that the inversion took place suddenly on the thirteenth without premonition, and in spite of all reasonable cares for its prevention.

If we retrace the history of the pathological doctrines which have

obtained among the profession for the last fifty years in regard to inversion, we shall find ready proof that in the earlier part of this period it was attributed chiefly to undue tractions prematurely made upon the umbilical cord for the detachment of the placenta; and also that, with a few exceptions in cases arising from intra-uterine polypus, or from liquid accumulations within the uterine cavity, inversion was believed to have its commencement at the time of parturition, or immediately, as within two or three days afterwards. And down to within the last twenty-five years the opinion prevailed very generally that inversion could only take place while the organ was in a state of relaxation.

On page 350 of the thirtieth volume of *Dictionnaire de Médecine*, published at Paris, France, twenty-four years ago, and previously referred to, we find the following as I translate it: "The action of these causes (namely, tractions by the cord, and impulsions of the intestines,) are never more effective than when the uterus is in a state of inertia, for then the parieties of this organ, dilated and soft, oppose no resistance. This state ought then to be regarded as the principal predisposing cause of inversion." The writer intends, as I apprehend it, general inertia, relaxation of the entire organ. But in looking over the more recent works which have been put forth by leading minds in regard to the points last named, we find indications of a marked change of views in these particulars.

In a manual of Obstetrics, theoretical and practical, by W. Tyler Smith, M.D., member of the Royal College of Physicians of London, physician, accoucheur, and lecturer on midwifery at St. Mary's Hospital, London edition, 1858, p. 420, and onward, Dr. Smith discourses as follows, namely: "When inversion is referred to traction of the umbilical cord, whether in consequence of a short funis (cord), the sudden birth of the fœtus while the mother is in the upright position, or the attempts of the obstetrician to remove the placenta, it is always believed to depend upon the mere mechanical force which is in operation. It is considered that the fundus is dragged down mechanically through the os uteri (mouth of the uterus), the uterus being supposed to be passive during the occurrence of the inversion.

"I have always been of opinion that in the great majority of cases the accident happens in consequence of irregular but active contraction of the womb itself. No doubt cases may occur in which inversion is produced by great tension upon the cord, while the placenta is firmly adherent to the fundus, and that all violent traction of the cord while the placenta is attached to the fundus is reprehensible. But when inversion is thus produced, there must be a consenting action of the uterus. The accident has sometimes happened when the hand had been introduced to peel off the placenta from the fundus, when the hand, placenta and uterus have all been

forced out by the violence of the abnormal uterine action. All the facts connected with this catastrophe shew that it generally depends, not upon a passive, but an active condition of the organ.

"There are numerous facts that prove that it may happen spontaneously, and apart from all interference on the part of the accoucheur; it may occur after the death of the mother as the result of post-mortem contraction of the uterus. Numerous cases are on record where the uterus was found inverted before any attempt whatever had been made to remove the placenta, and while the patient was lying quietly in bed. It is sometimes caused several hours after the completion of the labor and delivery of the placenta, by violent afterpains. It has been known to occur in the unimpregnated uterus. I have elsewhere shown that the virgin uterus, particularly under irritation, possesses far more motor power than is usually attributed to it.

"The nulliparous organ has been known to invert itself as the result of spasmodic action in long continued menorrhagia (excessive menstruation), or as the result of a small polypus or fibrous tumor in the cavity of the uterus, or upon its peritoneal surface. The more the subject of uterine inversion is studied, the less will the action be referred to mere mechanical derangements."

On page 483 of the same work, Prof. Smith further remarks: "Inversion generally occurs quickly after the delivery of the child and expulsion of the placenta. I have known it take place after the death of the mother, and after the rupture of the uterus had occurred. In the latter case the foetus was passed into the peritoneal cavity (cavity of the abdomen), while the uterus became inverted and protruded through the vagina."

It is due to remark upon the quotations from Dr. Smith's work above named, that I regard the facts therein stated to be fully reliable and truthful.

I concur also with him in the opinion, that in a great majority of cases of inversion the uterus is not entirely inactive, but, on the contrary, that it is in a state of irregular contraction during the occurrence of the accident. I concur also with Dr. Radford, to whom I have previously referred, that in a large portion of these cases the fundus and body are in a state of contraction, while the neck and mouth are in a state of relaxation.

No doubt can be entertained, I think, that irregular contractions of the uterus may frequently precede the indentation of the fundus, in a sense to be an indirect cause of such an event, by sympathetically exciting the abdominal muscles to a bearing down effort. But whether this were so or not, the violence and irritation inflicted upon the organ in the act of having its fundus depressed within its cavity, would of itself be sufficient to arouse it to augmented activity, if it were previously inactive; or to excite such contractions, if not previously in an active state, unless the organ

of inversion, I am unable to persuade myself that a bearing down effort, or some equivalent force acting upon the fundus of the uterus, was absent in any one of them. The sympathies subsisting between the uterus and abdominal muscles are such that any considerable irritation of the former is sure to bring the latter into a state of active contraction, to induce a bearing down effort, by means of which the intestines must necessarily be impelled upon the fundus of the organ. Thus in his example of inversion induced by the hand introduced into the uterus for the removal of the placenta, there would naturally be a coöperating bearing down effort on the part of the parturient woman. In post-mortem inversion, the rigor mortis (post-mortem contraction of the muscular structures)—the abdominal muscles submit to the change prior to its occurrence in the internal organs, and doing so would necessarily resemble in its manner of action upon the uterus the effort of bearing down. And so, too, in the cases of violent afterpains, they are always attended by a bearing down action of the abdominal muscles.

In other cases the change appears to have been commenced, at least, by the impulse of the intestines upon the uterus in the acts of coughing, sneezing, vomiting, straining at stool, arising suddenly up in bed, etc. Rupture of the uterus takes place at a moment when the organ is in a state of active contraction, and usually at a time when a coöperative bearing down effort of the abdominal muscles is also in vigorous play. It is quite unnecessary, therefore, to attribute an inversion of the womb occurring in such circumstances purely to any peculiar action of this organ alone. In the case last named, adverted to by Dr. Smith, the inverted womb protruded externally, while the fœtus was passed into the cavity of the abdomen. The more obvious explanation of such an event, as it seems to me, is, that the uterus giving way while the organ itself and the abdominal muscles were both in vigorous action, the fœtus was naturally forced through the lacerated opening into the abdominal cavity by the contraction of the womb, where it would be shut in; while the abdominal muscles, continuing to bear upon the fundus, effected at once its inversion and expulsion from the abdominal cavity. We are not informed whether or not the laceration extended through the neck and mouth of the organ, an event which is very common in such lacerations, and which would greatly facilitate inversion. In long continued menorrhagia, too, the mouth and neck of the uterus are apt to be in a state of decided development and softening, and the attendant uterine spasmodic action would of course induce a coincident bearing down effort of the abdominal muscles, tending to impel the fundus downward in the pelvis. Inversion supervening in such a condition of a nulliparous womb would probably commence at the neck, and not by indentation of the fundus.

were in a condition of absolute inertia. In either case, if a ring merely of the circular fibres were put in activity (hour-glass contraction), the effect would necessarily be to arrest the onward movement, and the change, if the contracted portion were in advance of the introverted fundus; or if otherwise, whether the contracted portion of the body or neck were more or less extensive, the effect would be to constrict the inverted portion in a manner at once to counteract all tendency to spontaneous restoration, and at the same time to either arrest entirely for the time the further progress of the inversion, or at least to retard it. In either of the cases last named the constriction of the inverted part would be attended by great local and constitutional suffering, and a correspondingly vehement bearing down action of the abdominal muscles.

The suggestion last named seems to explain why it is that in some cases of complete inversion the introverted portion is urged on to its third and complete stage irresistibly.

But beyond the effects above named, I am wholly unable to conceive of any species of regular or irregular contractions of the organ by which the fundus could either be positively depressed into its cavity, or, having become depressed from any other cause, could be forcibly carried forward to a state of complete inversion, consistently with what is known of its proper structure and modes of action. I shall have occasion to review this point in my reply to the seventh interrogatory.

The third, fourth, fifth, sixth and eighth cases, previously narrated, appear to me to afford unequivocal examples of inversions attended by an active state of the uterine parietes simultaneous at least with the production of these inversions. But in cases first, second, seventh and tenth, however, the uterus, instead of being either partially or generally in a state of active contraction, appears to have been in a passive condition, a state of inertia and relaxation.

In yielding my concurrence with Drs. Smith and Radford above named, in the belief that a large part of the cases of inversion are attended by an active state of irregular contraction of the organ, I must still record my dissent from that portion of those doctrines which affirms that the womb may invert itself without the coöperation of any extraneous mechanical cause beyond its own irregular actions. It is admitted that in the reported cases of this accident nothing is more common than the statement that it took place in concurrence with a protracted bearing down effort, which was often attended by more or less pain indicative of uterine contraction; but in some cases the process is declared to have been painless—there was a painless bearing down effort merely. Such was the fact in my own observation as above narrated, case seventh. In reviewing the memorandum of cases to which Dr. Smith has adverted as so many proofs of his theoretical views on the causation



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And a similar explanation seems to be applicable to cases of inversion arising from any small tumor connected with the fundus of the organ internally or externally: the walls of the uterus would naturally enough become developed, and the cavity expanded by means of the irritation of the growing tumor, until at length the abdominal muscles becoming sympathetically excited, forcing the intestines upon the softened fundus, it becomes depressed into the cavity of the organ; and the same cause being repeated from time to time, according to the varying states of the uterine irritation, incomplete, or even complete, inversion would eventually ensue.

But Dr. Smith and Dr. Radford, both gentlemen of highly distinguished eminence in the department of midwifery and treatment of females, are not alone in the belief that the womb may and does in fact invert itself. I find by reference to a volume of lectures on female diseases, by Dr. Charles West, Fellow of the Royal College of Physicians, examiner in midwifery for England, and physician, accoucheur and lecturer on midwifery in St. Bartholemew's Hospital, Philadelphia edition, 1857, p. 181, the following: "In other instances there have been fewer symptoms to engage attention, and nothing has been observed excepting some hæmorrhage succeeding the spontaneous expulsion of the placenta, till the return and the persistence of the bleeding have led to a vaginal examination, and to the discovery of the then remediless displacement of the womb. In these cases there can be no doubt but that the uterus has inverted itself, and that this accident has been brought about, not by simple want of contractility of the organ, but by the irregular and unequal contraction of its parts, a state of comparative relaxation of the os (mouth) and cervix (neck) co-existing with violent action of the fundus."

To further illustrate the current of the later views which are now being entertained on the causation of inversion of the uterus by men of the highest authority in the department of female practice, I will take the liberty to cite from *Obstetric Memoirs and Contributions*, by James W. Simpson, M.D., Fellow of the Royal Society of Edinburgh, and professor of midwifery in the University of Edinburgh, Scotland, Boston edition, 1855. On pp. 722, 723 and 724, Professor S. remarks as follows:

"Most authors attribute inversion of the uterus to causes purely mechanical, such as pulling rudely and violently at the funis (cord) in order to remove the placenta. But that this is not always the origin of inversion is evident from a number of circumstances. The accident has happened repeatedly when the cord was of its usual length, before any force had been applied to it. It had been found before the child has been attempted to be separated from the cord; and it has occurred when the cord has been so putrid as to break with the slightest effort. We might refer, also, to cases where the process of parturition has been left entirely to nature;

and in support of the same view of the subject, Dr. Radford might have quoted cases reported by Boerner and Kaatsh, in which this inversion took place in some instances where the child was expelled after the death of the mother, and when there was no person present to interfere with the process.

“According to the prevalent idea above alluded to of the mechanical origin of inversion of the uterus, it is believed that the uterus is in a state of relaxation and atony, so that it offers no resistance to any force applied through the medium of the funis (cord). Dr. Radford, however, has shown by the history of several cases which he has himself met with, and of others recorded by Merriman, Cleghorn, Brown, etc., that the fundus and body of the uterus, so far from being in a state of relaxation and atony, are generally, if not always, in a state of unnatural contraction, as evinced by the strong uterine pains which are present, and by the firmness and hardness of the inverted viscus. At the same time, however, that the fundus and body of the uterus are in this state of unnatural excitement and action, the os uteri (mouth) appears to be relaxed and dilatable, seeing that it offers no resistance to the protrusion of the tumor through it. In other words, it is evident that the fundus and os uteri are in directly opposite conditions—the former in a state of violent contraction, the latter in a state of atonic relaxation; and this relative difference in these two parts of the organ is indispensably necessary, as Dr. Radford conceives, for the occurrence of inversion.

“In other words, it arises, like the hour-glass contraction of the uterus, from an inequality in the time and degree of contraction of the different parts of the organs; and in Herbin's Thesis on incarcerated placenta, Dr. Radford will find a case of this kind highly illustrative of his views of the pathology of inversion, inasmuch as in the case alluded to the portion of the uterus which formed the chamber retaining the placenta was, notwithstanding the bulk of its contents, so firmly contracted that it passed through the very relaxed os uteri and projected into the vagina. At the same time that we freely confess that we believe Dr. Radford has proved that his explanation applies to the majority of cases of inversion of the uterus, we can easily conceive other instances in which the uterus remaining uncontracted, a mechanical cause, such as strong traction at the cord of an adherent placenta, may lead to the same frightful accident in the way pointed out by Spence, Clark, Gooch, Gardien, and most of our systematic writers on midwifery.

It is evident, according to Professor Simpson's views, that inversion may take place when the uterus generally is in a state of inertia, or relaxation; and that the event may, in some circumstances, be induced by violent tractions made by the cord while the placenta is adherent to the fundus of the organ—and if this be so, it is

obvious enough, that he must also admit that strong impulsive force operated upon the exterior of the fundus must equally lead to the same untoward result. Nevertheless, he still concurs with other eminent men of the present time, in the belief that in a great majority of these cases the womb is active in the process of the change—that it is in a state of unequal contraction; the fundus and body being contracted, while the neck and mouth remain in a state of unresisting relaxation.

It follows from a due consideration of the facts and later authorities which I have adduced: 1st. That in a large part of the cases of inversion which occur during the labor, or immediately, or soon afterwards, the accoucheur could neither anticipate the approach of the accident, nor prevent its occurrence; 2d. It seems quite evident that in many, probably in the greater part, of the cases which are discovered for the first several hours, several days, or even several weeks after labor, the inversion did not commence at the time, nor immediately after the labor, but at some subsequent period, often at the very moment of the discovery of the accident; and 3d. It seems certain that but a very small number of these cases are induced either by undue traction by the cord, or by any other direct agency on the part of the accoucheur.

But notwithstanding the considerations above named, there still appears to be avoidable dangers sufficient to inspire the accoucheur with caution in his method of procedures. There is sufficient evidence that he may drag down the uterus by excessive and untimely tractions by the cord. There is also evidence that he may force down the organ, and produce inversion by strong pressure of the hand upon the fundus; and although there is, so far as I know, but a single reported case of that kind, he ought, nevertheless, to make such pressures when it becomes necessary for exciting uterine contractions, or for suppressing hæmorrhage—for example, from before backward, rather than directly upon the fundus, and in the line of the organ; and, finally, he ought to avoid, as much as possible, emptying the uterus suddenly by artificial means for completing the delivery of either the fœtus or the placenta in advance of the tonic action of the organ, except from some paramount necessity; inasmuch as such a procedure appears to favor either complete inertia, or irregular contraction of the organ—states which, following immediately upon the birth of the fœtus, may create serious embarrassments in the delivery of the placenta,—or following upon the removal of the latter, may favor, or even give rise to hæmorrhage, or even inversion; and the medical attendant ought also to give all diligence to assure himself as far as possible, that the womb be at least in an ordinary state of contraction, and of its normal form, at the close of the labor. Beyond these cases I know of no available measures either for anticipating the approach, or for obviating the occurrence of inversion.

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E. B. STEVENS, M.D., J. A. MURPHY, M.D., AND G. C. E. WEBER, M.D.

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ARTICLE I.—*Diphtheritis*. By C. A. HARTMANN, M.D., Cleveland, Ohio.

The disease now generally designated by this name has been brought forward as a new affection, and largely discussed during the last two years, especially in France, England, and America. It appears to have been frequently confounded with croup, gangrenous and scarlatinous angina, and other affections of the throat; even Bretonneau, who principally initiated, in 1821, the recent consideration of the disease, did not distinguish it clearly, giving it the names *diphtherite*, *croup*, *angine maligne*, *angine gangreneuse*, promiscuously. According to him, it is the same with the *Egyptian disease* of the Greeks. Dr. Baird had previously in this country recorded the particulars of an epidemic that occurred in New York, in 1771. He described it under the name of *suffocative angina*. Other older names applied to it are *cynanche maligna*, *scarlatina anginosa* (in America often used up to the present day), *morbis strangulatorius* (Dr. Starr, 1748), *Fothergill sore throat*, *throat distemper*, *malignant sore throat*, *malignant angina*, *membranous angina*, etc.

Hippocrates seems to have been acquainted with it, and a very good description is given by Aretæus. Since then there is no

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record pointing to diphtheritis until the days of Cullen, Huxham, Fothergill, Starr, and others, in the second half of the last century; and although they described it as a "new and separate disorder," it fell again into neglect, until more recently the notices of Baird and Bretonneau were followed by a very extensive epidemic appearance of the disease, it spreading, between the years 1818-57, over France, since 1857 over England, and since 1845 over this continent.

Besides the general name, *diphtheritis*, *diphtherite*, *diphtheria* (meaning an exudation in patches), a large number of designations are found in the works of recent writers. It is the *angina diphtheritica maligna* of Trousseau; *angina couenneuse* of Duché, Bouchut, and other French authors; commonly called *diphtherie*, in French; the *plastic pharyngitis* of Porry; the *membranous disease*, commonly called *membranous croup*, of Cotting; the *hog-skin angina* of Palmer; *diphtheric*, *membranous*, *pseudo-membranous*, *putrid*, *malignant*, and *epidemic sore-throat*, *scarlatina*, or *epidemic angina*, *malignant cynanche*, of other American physicians. Some call it simply *sore-throat*.

Diphtheritis proper is an eminently fatal, mostly epidemic, but not unfrequently sporadic disease, of a very peculiar character, appearing with a great variety of symptoms, but presenting, as general features, a marked prostration of the nervous system, and the formation of a pseudo-membranous exudation, which always commences with patches upon a congested surface, and manifests a particular propensity to attack the mucous membrane of the fauces, spreading downwards and upwards; it is, however, occasionally seen upon other mucous membranes, and even upon the skin. Children suffer particularly, but young persons and adults are not exempted from attacks of the disease.

The symptoms, not only at different times and in different locations, but during the same epidemic and in the same place, are so variable that it is difficult to give a description of them of any general applicability. "In not two cases," says one author, "there is a perfect resemblance, either in the grouping of the symptoms, in their order of succession, or in the degree of their individual symptoms." Some cases commence with fever; in others there is none, or it only appears after some time; there may be a diminished secretion of urine, or not; albuminuria is

often present, but frequently wanting; so it is with headache, difficult respiration, diarrhœa. Some of the more constant symptoms are general malaise, impaired deglutition, and a very weak, accelerated pulse. One fact seems to be pretty well established: the statements of Trousseau and others show that the disease since 1846 assumed a more violent and malignant character, entirely different from what it was in the time of Bretonneau.

The last named physician gave the following description: The disease usually commences in one tonsil, seldom in both; slight fever; white spots on the affected tonsil; enlarging of the cervical glands. Redness surrounds the concretion, and it spreads rapidly to the velum palati, uvula, the other tonsil, and the pharynx. The swelling of the lymphatics either subsides or remains stationary. After some hours or days a ringing cough, dry, or accompanied by a frothy expectoration, announces the extension of the disease to the respiratory organs. There are now irregularly-shaped patches of redness, without swelling, coated with a concrete exudation. One or more long, narrow, red streaks extend to the pharynx or trachea; a stripe of concrete matter is seen on the centre of each of these streaks, and small, semi-transparent vesicles often appear in the substance of these incipient concretions. The edges of the pellicle are gradually lost in the surrounding mucus, which is no longer viscid, but coagulated near the concretion. The latter can be easily detached; it is, however, in such case speedily reproduced, being now firmly adherent, often several lines thick, and changing its color from a yellowish-white to yellow, gray, and finally to black. The subjacent surface is usually of a slightly red tint, more vivid at the periphery of the patches, and sown all over with points of a deeper red color, through which points the blood readily transudes. Now the alteration of the organic surfaces becomes more manifest; often concrete matter is deposited into the very substance of the mucous membrane; there is a slight erosion, and sometimes echymoses, in points exposed to friction, or from which the avulsion of the concretions has been attempted. The corrupted exudations exhale an infectious odor. If circumscribed, they appear depressed, from the œdematous swelling of the surrounding cellular tissue; if they are, on the contrary, extended over considerable surface, they become partially detached, and

hang down in shreds more or less putrefied, simulating the last stage of sphacelus.

Dr. David Wooster, of San Francisco, remarks on this (*Pacific Med. and Surg. Journ.*, May, 1859), that "no vesicles have ever been observed in the forming concretion on this continent; that here at the incipient state the false membrane adheres most tenaciously, and is not easily detached; that the edges of it shade off so insensibly into the natural aspect of the neighborhood as to render a rigorous definition of its limits impossible; that the centre of the patch is whitish or grayish, and opaque, while its periphery becomes more and more translucent; further, that the affected parts never bleed, except when violence is used to tear or scrape off the false membrane, and then the bleeding stops with remarkable promptitude, and does not occur again, except on the repetition of the violence." Wooster states, also, that "our false membrane never becomes black; indeed, it is paler after than before death."

According to Dr. W. G. Dyas (*Chic. Med. Journ.*, Oct., 1859, to March, 1860), there are at least four distinct forms under which the disease may appear:

1. "It may destroy life in a few hours, by a violent and deep impression on the nervous centres, attended by congestion of the internal organs; in this form we may not be able to witness the pseudo-membranous exudation, supposed to be pathognomic of it." There may be, corresponding to occasional violent cases of scarlet fever, "a deadly pallor of the surface, a dusky hue of the countenance, and particularly of the lips, a soft, irregular pulse, tongue moist and livid, pupils dilated, drowsiness, urine limpid, often suppressed; no complaint of local pain, and an air of indifference when roused from stupor. In such cases death will take place within four hours. This form of diphtheria is rare."

2. Another form, scarcely less malignant, is more frequently met with. "The subject of it, generally a child, perhaps retires to rest apparently in its usual health. In the middle of the night, or rather towards morning, it awakes with a sense of distressing nausea, followed by vomiting of a thin, whitish, glairy fluid. Then there is a purging of something similar, but particularly offensive. The child most probably does not complain of uneasi-



ness in the throat; he is drowsy, and seems disinclined to answer questions. The face is pallid, and the expression altered. On examination, we are struck with a shining crimson appearance of the mucous membrane of the fauces. From the velum a tenacious, thin sheet of translucent mucus hangs like a curtain over the base of the tongue, the papillæ of which are tumified, its surface dry, clean and red. The pulse is rapid, irregular and compressible. The skin may be warm, though more generally it will be found cool. After a lapse of some hours reaction takes place; and now there is a difficulty of deglutition. Drowsiness is succeeded by delirium; respiration is more frequent. The neck is swollen, hard and tender, chiefly in the parotid and submaxillary regions. The anterior half of the tongue may be clean, but posteriorly it is coated with a thick fur, which sometimes is continued to its tip. The whole of the fauces is covered with a deposit like wash-leather. One or both tonsils swelled; breath offensive; a thin sanies issuing from the nares. There may be epistaxis and bleeding from the gums. At first, the urine is limpid; but should the attack not terminate in death within twenty-four hours, it becomes more colored, and there will be a deposit of lithates; at a later stage it is albuminous, and contains the coloring matter of the blood; petechial spots form on the surface, diarrhœa sets in, or if it has been persistent from the beginning, the discharges become altered in appearance, being like what we occasionally see towards the close of dysenteric cases: serous, like the washings of flesh, and accompanied by intolerable fœtor. The surface grows cold, and either coma or a tetanic convulsion terminates life, generally within four days. Few cases of this kind escape; and fortunately it is not the usual type of diphtheria, even when malignant."

3. "The malignant form most familiar with practitioners commences with a sense of lassitude preceding a variable amount of fever and slight soreness of throat. The pulse becomes rapid, small and compressible; the tongue is covered with a thick, yellowish, dirty-brown coat; the uvula, velum, and pharynx are at first of a dusky red; deglutition is painful and difficult; the neck, about the parotid and submaxillary regions, swells; from the nose distils an acrid humor; the voice changes; the breath grows fetid; the breathing, from mechanical obstruction, is ster-

torous ; there is much thirst, and there may be vomiting. In some hours the erysipelatous hue of the fauces is replaced by a deposition, as if, as Dr. Blount expressed it, a thin layer of pie-paste was spread over the parts, the edges being thick and abrupt. The urine is scanty and albuminous ; debility increases, and the patient sinks exhausted, often retaining to the last the intellect in its integrity. This is the most frequent mode of accession, progress, and termination of malignant diphtheria, and its duration is generally from eight to ten weeks."

4. "The next variety of the disease is what has been termed croupal. In some epidemics, this has been the prevailing type. It does not appear to be attended with the same oppression of the system of those already described. A sense of constriction in the larynx is an early symptom ; the accompanying fever is generally sthenic in character, though some such cases have not presented, from beginning to end, pyrexia. The false membrane rapidly extends to the respiratory organs ; there is a hoarse, barking cough, with occasional paroxysms of suffocation, and death takes place by asphyxia."

5. "The form most frequently appearing in this country is of a more gradual invasion, and commences with symptoms of catarrh ; coryza, slight fever, with headache, and a pain in one or both ears, usually usher in the attack. There is some soreness of the throat, without swelling either of the fauces or the glands externally. The appetite is often scarcely lessened. There may be diminished energy, but not so much as to prevent the patient from attending to his usual pursuits. The fauces, on examination, will present one or more insulated patches of a grayish-white pseudo-membrane, not so defined at the edges, nor bordered with the same distinct redness as in the malignant variety, but more shaded off. In this form, which lasts from five to ten days, there may be some albuminuria ; and even after the more prominent signs of the disease shall have passed away, albuminuria may for a variable length of time be persistent, and accompanied by an anæmic state of the system."

Dr. John H. Hollister, of Chicago, attributes (*Chicago Med. Exam.*, March, 1860,) the various modifications of the disease to the different physical conditions of those suffering from it. The sthenic form, for instance, presents inflammation of the most de-

cided asthenic character, with remarkably plastic effusion, resulting in the formation of firm and thick false membrane. In one case, this pseudo-plasma was found so perfectly developed as to give, after expulsion, a perfect cast of the trachea and bronchial tubes to a great extent. An asthenic case, on the contrary, may be marked by nothing but a croupy cough, continuing, without any other disturbance, for a number of days. The fauces will be found affected by congestion of a passive character, the tonsils much enlarged, and the whole of the mucous membrane in the posterior part of the mouth of a dark, livid color. Slight secretion of mucus; labored respiration. Soon the affected parts change in appearance, become covered with an abundant sanious discharge, asphyxia develops itself, and the patient sinks in a few days.

Prof. Alonzo Clark, in his lecture on diphtherite, before the College of Physicians and Surgeons, of New York, (*Med. and Surg. Reporter*,) divided "all the modes of invasion peculiar to this affection" under two heads: those in which the *constitutional symptoms* are active from the beginning, and those in which the disease makes its invasion *very insidiously*, and only becomes manifest by the appearance of a patch of exudation upon one or other of the tonsils, or in the fauces. "In this latter class of cases, the children do not complain of much ill-health; yet it is apparent that they do not feel exactly well, and have, as a rule, not much disposition to play;" they may, however, be found in bed amusing themselves with their playthings. Voice full, perhaps a little hoarse; some coughing; slight glandular swelling on the outside of the throat. A little patch of membranous exudation on the fauces, sometimes surrounded by a venous injection. Pulse not very rapid, perhaps 100; countenance only a little paler than usual; tongue not particularly covered with any coating, nor dry. In such cases a few cold chills may form the first indication of the disease; the constitutional form commences almost invariably with cold chills; there is high fever, and sometimes vomiting, on the very onset.

"The symptoms of membranous disease," says Dr. B. H. Cotting, of Roxbury, (*Boston Med. and Surg. Journ.*, Sept. 22, 1859,) "are both constitutional and local. The constitutional may be so severe and so rapidly developed as to destroy life before

the local have become a source of danger, or they may be so slight as to be overlooked. The local, also, may have the violence, though not the other characteristics of rapid inflammations, or their existence may even be a matter of doubt, until made evident by obstruction, caused by the membrane fully formed. It is a self-limited disease, having its beginning, middle, and ending, as marked and uniform in progress, and as uncontrolled by any means now known, as variola, measles, or any other disease that can be cited. The formation of the membrane (as constant a condition as the eruption in variola) does not always correspond in amount to the severity of the other symptoms, general or local,—in this also resembling the diseases alluded to. The membrane may be only a thin film, or it may have the thickness and toughness of moistened parchment; it may cover only a very limited space, or it may occupy the whole mucous surface of the organs attacked. It usually forms gradually, being at first a very thin layer (not unlike the first coat of white paint on a pine board); then this layer becomes thicker and tougher, day by day, until it reaches its limit. Its progress, so far as it has any, is from above downward; and any deviation from this rule is rather apparent than real. From the outset, however, it generally covers all the surface that it ever will during the attack, increasing only in density. Its thinness may prevent its being early noticed on parts within sight, though clearly visible at a later period of the disease. During its formative stage it remains firmly adherent to the mucous tissue beneath it, so that it is impossible to remove it, even by the most careful dissection. As soon as this stage is completed; usually in four or five days, the membrane begins to loosen from its foundation, and soon becomes entirely separated; it then creates sufficient irritation and cough to cause its expulsion. Sometimes it is cast off without observation, while at others its ejection is attended with convulsive efforts of the greatest severity. If a portion is artificially removed, previous to this natural separation, another forms in its place."

The false membrane exists in all cases of diphtheria, affirms Dr. Dyas (l. c.), except in those extremely rare ones wherein the system is at once overwhelmingly oppressed by the attack, and life is extinguished ere time is given for the usual characteristic phenomena to be fully developed. It appears very early, within

eight-and-thirty hours from the beginning of the disease, generally on one tonsil, or rather in the sulcus between the anterior pillar and tonsil, like a stain left by nitrate of silver on a mucous surface—a pearl-colored spot on a red ground. Sometimes it appears first on the uvula or velum. It extends more or less rapidly, so as often to cover the tonsils, uvula, velum, pharynx, pillars of the fauces, and base of the tongue, with a continuous layer, in from twenty-four to forty-eight hours. It may pass along the respiratory passages to the bronchial tubes, and even down to the œsophagus—according to some, as far as the cardiac orifice; it has been found following the nasal ducts to the conjunctiva. The mucous membrane of the cheeks and gums, the cutaneous surface, the vulva, and the anus may be its seat. Hence the terms faucial, pharyngeal, pharyngo-laryngeal, or croupal, laryngo-tracheal, buccal, vulval, cutaneous, pharyngo-cutaneous, laryngo-cutaneous diphtheritis. Several of these forms have happened in the same family nearly at the same time, showing that the distinction is immaterial.

Generally the thickness of the membrane increases with its area; this, however, varies from the thinnest imaginable pellicle to two or three lines. It may be firm, or a mere diffuent pulp. Sometimes it is in distinct, dull white patches; at others it is confluent. Occasionally it assumes a light buff, yellowish, ash-colored, or even black appearance.

Diphtheritis may run its course, from beginning to end, to recovery or death, without a single pyretic symptom; when fever accompanies it, the type of it is not always the same, although the tendency is usually to the typhoid. In this country the attendant fever has been frequently of an intermittent character, probably in consequence of prevailing malarious influence; if so, the intermittent ought to be considered as a complication, rather than a modification of the original disease.

Among other complications observed are measles, scarlet fever, small-pox, whooping-cough, gastric fever, gastro-enteritis, meningitis, and the various diseases of the throat.

Dr. Daviot did not think pharyngeal diphtheritis contagious; and Dr. Cotting also asserts to have seen no evidence that the disease in general is contagious. The evidence so far collected, however, leaves no room to doubt the truth of the remark made

in the *London Lancet* (April, 1859), that "contagion plays the principal part in the propagation of diphtheria." Diphtheritic matter, ejected from the mouth of a patient and lodging in the nostrils of the attending physician, has subjected the latter to severe diphtheritic inflammation, spreading to the pharynx, and inducing extreme prostration of the whole system. Quite a number of similar cases are on record. A boy using a bath in which a diphtheritic patient had been previously, contracted the cutaneous form of the disease. If the morbid matter happens to come in contact with an abraded or wounded spot of the skin, the characteristic membrane will arise from that spot, inducing also the usual constitutional symptoms, and frequently the affection of the fauces.

There are still some other phases of this singular disease to be considered. Even if the patient has recovered from the immediate effects of the attack, and appears completely convalescent, he may, in several weeks, sink and die without any further well developed symptoms. Latent pneumonia is frequently discovered in the dead body. Amaurosis, strabismus, and presbyopia have been observed as consequences of diphtheritis; but one of its most common sequelæ is paralysis, either partial or general. Two, three weeks, or a month after all traces of the original complaint have disappeared, symptoms of anæmia manifest themselves, and slowly paralytic affections are developed. The first is usually confined to the soft palate, or tongue, characterized by a difficulty of deglutition, and a nasal speech; but this may be wanting. If present, it gives way to more general nervous accidents, sometimes increasing to delirium and convulsions (which must not be confounded with the same symptoms attending the more malignant forms of the disease). But these constitute rather an exception: in most of the cases tending to paralysis, a sense of numbness follows, in one or both arms, the neck, or lower extremities. There may be also vague pains in the back and elsewhere. Now the strength fails gradually; walking becomes more and more painful, until the upright position is impossible. The upper extremities partake in this weakness, the head sinks on the chest, etc. According to Trousseau, the same alternations may be present as in purely nervous affections: the numbness changing from one hand to the other, or the paraly-

sis attacking the legs alternately. In all cases there is an evident affection of the spinal system. Numbness of the cheeks and nose, or distortions of the face, defective articulation, strabismus, paralysis of the bladder and rectum sometimes supervene. There is no fever, a small pulse, but often a tumultuous action of the heart, with anæmic murmurs. The intellect remains intact, although the mental powers are depressed. Dr. Faure, of Paris, adds that during this paralytic affection sensation is diminished, and sometimes entirely lost, or replaced by formication. In some, sundry parts of the body become œdematous, in others gangrenous; others again are subjected to repeated faintings. If this condition terminates favorably, recovery is very slow, occupying from two to eight months.

Dr. Cooper, of the *San Francisco Med. Press*, (Jan., 1860,) saw many of his patients die suddenly from pyæmia, after recovering sufficiently from attacks of diphtheritis to walk about. In these cases the pulse never arose to its normal standard, and the skin remained colder than natural.

The diagnosis of diphtheritis must be based principally upon the patch-like aplastic exudation, accompanied by marked prostration, and spreading, particularly downwards. Some authors also mention a peculiar "muffled sound of respiration;" with Dr. Cotting this is the principal diagnostic sign. In his words, "It is very difficult to describe the sound. It can only be learnt by attentive and frequent observations; yet it is more reliable, and therefore more valuable, than all other diagnostic signs. Once in a while it can be detected before any other indication of the disease is manifested—say in the first two or three hours." The absence of membrane within sight is not always sufficient evidence that the disease is not present. In such cases, the general condition of the patient, the frequent and feeble pulse, and the *genius epidemicus* must be our guides. It is then that the sound so much relied on by Cotting may also prove a valuable symptom.

It can not be difficult to distinguish diphtheritis and scarlet fever, or putrid sore-throat, as there is no eruption, nor ulceration and sloughing in our disease; or at least the latter but rarely. More important is the diagnosis between diphtheritis and croup; Bretonneau, Duche, Guernsant, Baird, Barthez, Rillet, Johnstone,

and others defending their identity, and simply designating croup as laryngeal or tracheal diphtheritis, or declaring both to be the same disease, only affecting different portions of the same mucous membrane. But diphtheritis is essentially an asthenic disease, affecting the whole system, thus producing a series of constitutional symptoms; it is epidemic and contagious, while croup lacks all these attributes, being only an inflammatory local affection. In croup there is never the swelling of the lymphatics of the neck, which is a constant attendant upon diphtheritis, and the pseudo-membrane itself sufficiently separates the two diseases: the origin from patches, the aplastic nature and its spreading far beyond the air-passages, which become affected merely by confluence, are found only in diphtheritis. Croup is, further, almost exclusively confined to children, whereas diphtheritis attacks indiscriminately children, adolescents, and adults. Croup is never followed by paralysis, and kills only in one way—by suffocation; diphtheritis may end in the same manner, but it also induces death by asthenia, and months after the disappearance of all exudation, by its effects on the nervous system.

In regard to the prognosis, Dr. D. Wooster thinks the mild variety, or simple form of the disease (confined to the fauces), is easily controlled; but the severe form (combined with constitutional symptoms and extensive exudation,) only with difficulty, giving an extremely unfavorable prognosis even at the beginning. The gravity of the prognosis in general may be said to be in proportion to the suddenness of invasion, and the signs of congestion. Good symptoms are: the false membranes ceasing to extend, and detaching themselves in shreds; slight febrile symptoms; absence of stupor; an unaffected pulse; a soft and moderately warm surface; expression not altered; unchanged color of face and lips; neck and papillæ of the tongue not swollen; no œdema of the fauces. In no disease, however, amendment is more fallacious: we can not, either from a particular sign or assemblage of symptoms, calculate with some approximation at certainty what the termination may be. The disease may have commenced without any indication of particular danger, may develop itself in an apparently mild form; and there may even be a manifest improvement in every symptom, the little sufferer perhaps sitting up, smiling, eating, drinking, amusing himself;—



suddenly croupy symptoms supervene, or re-appear to end only with life. The disease has extended from the pharynx to the respiratory passages, and death is the result of asphyxia. This may also be produced without affection of the larynx, either by the swollen condition of the fauces, tonsils, and cervical glands, in combination with abstraction of the nares and altered innervation, or by a congested state of the lungs frequently accompanying the malignant forms.

Nausea and vomiting, or convulsions in the beginning of the disease, a rapid extension of the exudation to the posterior nares, a sense of constriction in the larynx, disagreeable odor of the breath, a croupy sound of the respiration, great enlargement of the cervical glands, are among the symptoms of fatal significance.

Life may be destroyed even after the whole membrane has been thrown off. The excessive and unremitting exertions in breathing, caused by the obstruction offered to free respiration, as well as the intense constitutional disturbance, are apt to exhaust the vital power, without suffocation. Complications generally tend to produce an equally fatal result. The superceding paralysis is frequently but not always removed by a proper treatment.

On the whole, the disease is, as Dr. Wooster says, one of the most decidedly fatal ones. The chance for a favorable recovery among children is about one in three, according to Dr. Cotting; Dr. A. S. Clark thinks nine out of ten cases will recover, even with the malignant form, under an appropriate treatment. Admitting the influence of the curative means employed, there is still a formidable mortality unavoidably connected with the disease, though the number of deaths varies during different epidemics.

The post mortem examinations usually reveal a deep red or livid appearance of the mucous membrane of the palate, pharynx and adjacent part, more or less extensive. In most cases the palate, tonsils, upper part of pharynx, epiglottis, bronchial tubes, sometimes the internal surface of the cesophagus, the pituitary membrane, or some of these parts, perhaps the trachea alone, are found invested with false membrane. Seldom gangrene or ulceration is manifest. The lungs may exhibit patches of hepatication or purulent infiltration; and there may be more or less congestion elsewhere. Occasionally, blood is seen extravasated

in the muscular tissue of the heart, and the kidneys often bear the marks of disease. The viscera are frequently dotted over with petechial spots.

Dr. A. Jacobi, of New York, declares the diphtheritic membrane homogenous in structure to the pseudo-plasma of croup; but this seems to be a mistake. The great difference between them is, that the diphtheritic exudation appears to be incapable of organization, and never tends to organic union with the subjacent tissues. Dr. Cotting describes it as of a peculiar structure: "a tissue of elastic fibres longitudinally arranged, the fibres smooth, and in no way transversely striated. Great elasticity is one of its characteristics."

Dr. Laycock found a parasitic fungus (*oidium albicans*) in this membrane, and supposed, therefore, that the disease originated from the parasite; but its presence is thought to be merely accidental.

The nature of diphtheritis is not entirely clear. It is now pretty generally admitted to be a constitutional affection, of an asthenic character, with prominent local manifestations, principally in the throat, resulting in the exudation of an inorganic pseudo-membrane. The disease is the result of a distinct influence (diphtheritic miasm), contaminating the blood, or infecting the whole system with morbid poison. The conjecture of Dr. Dyas, who considers a morbid impression on the *par vagum* as one of the principal features of diphtheritis, needs confirmation.

In accordance with this view, the therapeutical indications are the elimination or neutralization of the offensive matter, whatever it may be, the correction and mitigation of the local symptoms, and the support of the system, where necessary. Consequently, a general or constitutional and a local treatment is required, with strict dietetic measures.

Daviot, Meigs and others have practiced general and local bleeding, not without success; the general character of the disease, however, during the last years, and especially on this continent, has been such as to forbid blood-letting in any form; and it is at present looked upon as inadmissible. The croupal form predominating at the time of Bretonneau, seemed to offer an indication not now appearing. The same may be said of mercury, in spite of the many advocates calomel has found up to this day.

Whenever the complaint extended to the larynx and trachea, Bretonneau placed his chief reliance on calomel, in three grain doses every hour, combined with mercurial frictions over the neck, arms and chest, repeated every three hours. The most extensive use of it is made by Dr. I. Meranda, of New Carlisle, Ohio, (*Cinc. Lanc. and Obs.*, March, 1860.) To the strong, the robust, the plethoric patient, and in cases distinguished by high arterial excitement, he prescribes it with jalap in full purgative doses, following with the usual remedies against high febrile action. To those of a feeble constitution, or where marks of prostration are apparent, he gives calomel in alterative doses, conjoined with opium and ipecacuanha, or with camphorated Dover's powder, until there is an evacuation of green stools. When croupal symptoms supervene, calomel in small but often repeated doses is Dr. Meranda's remedy; and in some chronic cases he maintains to have observed the happiest effects follow a moderate salivation. In a case detailed by Prof. Hollister (*Chic. Med. Exam.*, Feb., 1860), powders of calomel and ipecacuanha play also a prominent part. Daviot, however, who wrote one of the best monographs on diphtheritis, looks on calomel as useless in pharyngeal, but particularly serviceable in the cutaneous variety. Dr. Briggs, of Virginia, and Dr. Anderson, of New York, admit it in small doses, two or three grains, the last named in combination with prepared chalk, in slight cases; while Dr. G. W. Claiborne (*Virg. Med. Journ.*, Oct., 1859,) declares it to be a good remedy to commence the treatment with and prepare the organism for a tonic course, where "a foul tongue and offensive breath indicate disordered secretions of the primæ viæ." In the opinion of Prof. Alonzo Clark, "the application of dry calomel to the ulcerations of the throat is of decided benefit; but the administration of mercury, with a view of obtaining its constitutional effects, is a doubtful expedient." A similar practice of Dr. Bigelow will be mentioned hereafter. By far the most practitioners think rather unfavorable of mercurials in diphtheritis; and its inefficacy in many cases has been clearly proven. Even as an evacuant, the propriety of administering it in diphtheritis is at best questionable.

The recommendation of cathartics is very limited, Dr. A. S. Clark (*Ohio Med. and Surg. Journ.*, May, 1860,) being almost the only one who insists on their use. In mild cases he orders a

dose of sulphate of magnesia, or some other saline cathartic ; but in cases of high fever, where "an active cathartic" is wanted, "that will stimulate the secretions, and at the same time not depress the vital powers," calomel is given, together with ipecacuanha, carbonate of ammonia, and soda, followed, if necessary, with Rochelle salts, or any other saline cathartics. The drastic cathartics are universally objected to. Dr. S. M. Bigelow, of Paris, in his excellent letter on diphtheritis addressed to Prof. Warren Stone, of Louisiana, (*New Orleans Med. and Surg. Journ.*, Jan., 1860,) mentions the citrate of magnesia, six or eight drachms, to be given every two hours until it operates. Equal, if not better, is the advice of Drs. D. Wooster, of California, (*Pacific Med. and Surg. Journ.*, 1859,) and Wm. L. Wells, of Wisconsin, (*Chic. Med. Exam.*, April, 1860): to select either the mildest laxatives, or employ injections, so as to move the bowels once a day.

"I protest," writes Dr. Bigelow, "in the most serious manner, against the use of emetics in angine couennense," and they are certainly never plainly indicated. Nevertheless, they have been pronounced by some occasionally serviceable at the period of invasion of the disease, especially in young children, and when the false membrane extends to the trachea ; others, on a more rational basis, will not admit them, except when their mechanical action might assist in detaching the membrane. In either case, neither antimony nor ipecacuanha should be used, on account of their depressing effects. (Wooster's plan, to commence with ipecacuanha in full doses and repeat them for two or three days, seems not to have been followed anywhere.) Drs. Meigs and Pollard used alum as an emetic, a teaspoonful mixed with molasses, repeating that dose in the course of ten or twenty minutes, if required. But the turpeth mineral (subsulphate of mercury), first recommended by Dr. Hubbard, of Maine, is now acknowledged as the best emetic in diphtheritis. It never induces catharsis, and is not followed by prostration, while it operates promptly and certainly. Two or three grains may be given to a child of two years every ten or fifteen minutes, until vomiting takes place. Both alum and turpeth mineral are well suited to patients above one year ; for smaller children perhaps some preparation of squill would be preferable (Dr. Dyas).

The most prominent amongst the remedies employed as directly

counteracting the morbid influence is the chlorate of potash, alone or combined with hydrochloric acid, iron and ether. Dr. Bigelow administers every three hours ten grains of the chlorate and ten grains of the bichlorate, in some convenient vehicle, giving at the same time one-tenth of a grain of calomel with sugar, to be put dry upon the tongue, once in one or two hours or less frequent, sometimes omitting the calomel altogether for a while, according to circumstances. Chlorate of potash with hydrochloric acid has been recommended by Dr. Kingsford (*Lancet*, Jan., 1859); Dr. I. Meranda prescribes two drachms of the chlorate with one fluid drachm of hydrochloric acid in eight fluid ounces of water, half an ounce to be taken every three hours. This formula was originally given by Dr. Lambden (*Lancet*, Nov., 1858); it contains free chlorine in solution. The chlorate and quinine in full doses constitute the treatment of Dr. Barker, New York. Dr. Jacobi gives from a half to one drachm per day to a child from six months to four years old, three drachms to those above that age, continuing for weeks and even months. He usually adds iron, the muriatic tincture in preference. Finding in severe cases the chlorate to operate too slowly alone, he also combines it or precedes it with a few large doses of quinine. The best form, in his judgment, is the solution in water with the addition of some acid, generally the muriatic. Dr. A. S. Clark approves of the free use of chlorate of potash and sesquichloride of iron in tincture, diluted with nitrous ether, but he prefers the following formula: chlorate of potash, one ounce; syrup of lemons, water, of each four ounces; sulphate of morphine, two grains. Take a tablespoonful every four or five hours.

In Wisconsin, the tincture of the sesquichloride of iron, the hydrochloric acid and the chlorate of potash were given together in a convenient vehicle, or alternately in full doses. Sometimes the tincture of iron can not be borne for many days; then the sulphate of quinine with citrate of iron ought to be substituted (Dr. Wm. L. Wells). The "Lancet Commission" placed the most reliance in a mixture of sesquichloride of iron with chlorate of potash, chloric ether and hydrochloric acid, sweetened with syrup. The chlorate may also be given after the method of Dr. Gardner, of New York, in a syrup saturated with it, a teaspoonful in four hours, alternately with three drops of perchloride of

iron in syrup. Nothing else is required in cases without local affection.

But notwithstanding this general adoption of the chlorate of potash, some doubts in regard to its efficacy have been expressed, especially by American practitioners. Prof. Alonzo Clark says it is not, as claimed, a specific in this disease, but still of some benefit, and should therefore form a part of our treatment. In the able article of Dr. Dias occurs the following passage: "It is very much a matter of conjecture how chlorate of potash acts on the human organism, and in the whole it is doubtful if it possesses a great deal of therapeutic value in diphtheria. It may be prescribed in combination with some bitter infusion (cascarilla, gentian, or bark), in doses of from ten to thirty grains, according to age." Most summarily Dr. Wooster disposes of it: he believes the chlorate of potash harmless, but of unproved efficacy, simply mitigating the factor of expiration.

The declining reputation of this remedy is apparently to be transferred to the muriate and sesquichloride of iron, heretofore only employed as adjuvants and tonics. In the latter quality, Dias speaks of Thompson's bitter wine of iron, containing one grain of Wetherell's precipitated extract of bark and two grains of citrate of iron in a teaspoonful of cherry wine; but some prefer the tincture of the sesquichloride of iron, "ten or fifteen drops every third or fourth hour." Dr. F. Isnard warmly recommends (*Gaz. des Hôp.; Amer. Med. Monthly*, March, 1860,) the perchloride of iron as specific against croup and diphtheritis. It should be administered as soon as possible, in large doses, and continued at all stages of the disease. Dr. Th. Heckstall Smith, (*Braithwaite's Retrospect*, Jan., 1860,) while relying chiefly on gallic acid, found the sesquichloride of iron tincture far superior to anything; and Dr. W. H. Ranking (*Ranking's Abstract*, No. 29,) confirms the value of this tincture as an internal remedy in diphtheritis. If so, the treatment of this disease would be materially simplified; in most of the present methods too many remedies are administered promiscuously.

In a monograph on scarlatina and diphtheria, (London, 1859,) which he considers as one and the same thing, Dr. George Hall praises the sesqui-carbonate of ammonia as a specific, in doses from two to ten grains, every two, three or four hours. Baron

treated before him (*Gaz. de Paris*, 5, 1856,) diphtheritis with Vichy water and bicarbonate of soda.

A composition called "ferruginated cod-liver oil," has been proposed by Dr. D. Wooster, two fluid drachms with one of brandy, to be taken four or five times a day, or oftener, if the stomach will bear it.

To meet the second indication a large number of topical applications have been employed, without due consideration of the question how far, if ever, it was practicable or necessary to remove the false membrane. Dr. Bigelow always removes, with a long forceps, or by scraping, or by any other means, violent or gentle, all accessible portions of it. Dr. Cotting, on the other hand, found that harsh attempts by emetics, probangs and the like, to dislodge the membrane before its natural separation, are often accompanied by fearful risks; and could it be effected, it would involve a re-formation, more to be dreaded in the exhausted state of the patient than its first appearing. Dr. Wells also removes the membrane with the forceps, where it can be done, which is rarely the case.

Nitrate of silver in the solid stick, where practicable, or more commonly in strong solution, has been applied most extensively to the throat. Many are of the opinion it could not be superseded by any other local application; such an assertion, however, will not hold good everywhere. The application in substance is stated to have had occasionally the most serious consequences. Twenty, thirty, forty, sixty grains to an ounce of water have been employed, in the beginning as well as in the more advanced stages of the disease. Prof. Alonzo Clark and Dr. Jacobi, considering the application of the caustic to the membrane itself of no special service, only apply it to the parts immediately around the exudation, so as to prevent the inflammation from spreading, and limit thus the further extension of the membrane.

Bretonneau principally depended on the energetic application of concentrated muriatic acid. It has been employed by others, diluted or not, in very young children mixed with an equal quantity of honey. Equal parts of hydrochloric acid and tincture of myrrh, says Dr. Beardsley, detached the pseudo-membrane most readily, and diminished the liability of its being renewed.

A strong solution of sulphate of copper (one drachm to one

ounce of water) may also be applied topically. Used in the same manner, some preparations of iron have been found equally useful. The concentrated solution of the perchloride, or Monsell's salt in powder, or the tincture of the sesquichloride, are declared by Wooster, Wells, Beardsley, Dyas, A. S. Clark and others, to be the most efficacious and valuable of all topical applications.

Dr. J. J. Morgan expresses a great predilection for a saturated solution of acetate of lead (adding one grain of morphine to the ounce), as a gargle and to be applied with a sponge, two or three times in twenty-four hours. At least he commences with it in every instance, and if the disease advances in spite of it, he substitutes the lunar caustic in solution.

Tannin has not been tried sufficiently. Dr. Heighway, of Cincinnati, dissolved two drachms of it in one pint of glycerine, and applied that solution by means of a probang, with good effect. Tannin may also be used alone.

Particularly destructive to the exudation is sulphurous acid (Dr. Heighway, Prof. Comegys); it is best used in the form of a salt, as the hypophosphide of soda.

Dumont found (*Gaz. des Hôp.*, 47, 1856,) nitrate of silver and muriatic acid insufficient, but lemon-juice, painted over, a good application; Homotte added a little alum. Tincture of iodine has been tried about the same time, without giving satisfaction. Upon experiments made by him, Ozanam based, in the same year, the conclusion that all pseudo-membranous productions are best destroyed by the alkalies and muriatic acid, and soonest removed by bromine and bromide of potash. Thereupon he recommended this bromide or a bromine-water against diphtheritis, croup and similar affections; but his proposition seems to have met with no favor.

An idea of Dr. A. S. Clark deserves a trial: he thinks glycerine may be employed, in advanced states, between the caustic applications, for its lubricating as well as for its solvent powers.

Strong nitric acid, applied by means of a brush, is the remedy of Prof. Comegys, when there are deep and extensive ulcerations.

Baudelocque used a decoction of bark with chloride of soda as a gargle; Wooster also mentions the solution of chloride of sodium, and Dr. Wells asserts that gargles with chloride of soda and chlorate of potash act undoubtedly as a solvent of the membrane.



Dr. Roche (*Union Médicale*, No. 88 ; *N. Amer. Med.-Chir. Rev.*, Nov., 1859,) was very successful with injections containing chloride of sodium. He practises an almost continuous irrigation of the throat, by means of Equisier's irrigator, considering the irrigation the principal curative agent, and therefore employing indifferently solutions containing salt, alum or the chlorates.

In mild cases alum gargles as the only local application have proved sufficient. Gargles with alum and red-oak bark are proposed for severe cases ; but tannin and alum seem to be useless, at least in Dr. Wells' experience. Baudelocque applied powdered alum to the nostrils by means of a souffloir ; Daviot thought it useful only in the early stage of the affection.

A method mentioned by Dr. Perron (*L'Union*, 53, 1856,) has been revived and modified by Dr. Bigelow. Perron blew alum and sulphate of zinc into the mouth several times a day, using afterwards gargles with alum. Bigelow commences his treatment with an insufflation of one drachm of powdered burnt alum, and repeats that operation as long as a tendency to the formation of the false membrane continues, alternating in the later time with tannin.

When, after a few days, the fauces become so exceedingly sensitive as to give great pain, Dr. G. W. Claiborne (*Virginia Med. Jour.*, Oct., 1859,) used with good success a wash of borax, honey and myrrh.

Dr. I. S. Bristow prefers locally in all cases the employment of mild detergent gargles (*Braithwaite's Retrospect*, Jan., 1860).

A gentle stimulant, in the form of a mild lotion, say eight grains of iodide of zinc to an ounce of water, is, in the opinion of Dr. W. Judkins, of Cincinnati, all the topical treatment required.

Dr. S. A. Cartwright employs a local application of his own invention, and expresses himself well satisfied with it (*N. O. Med. and Surg. Jour.*, Nov., 1859). He infuses for several days in one pint of diluted alcohol : finely powdered hydrastis root and the powdered bark of the root of the myrica cerifera, of each one ounce ; three ounces of gum myrrh, and two drachms of capsicum. "A piece of wool or cotton (this better), fastened to a probang, saturated in the above tincture, is the best thing I have ever found to swab the throat with."

Where the running from the nose is very excessive and offen-

sive, a solution of chlorate of potash or better of chlorate of soda (Dr. Jacobi), or Labarraque's solution (Dr. Thomas, of New York,) may be injected through the nostrils.

Fumigating the throat with boiling water and vinegar poured on catnip, and Labarraque's solution of chloride of soda added, is a method practiced by Dr. Gordon Buck, of New York. In two cases treated by Dr. Bibbins, of the same location, inhaling the vapor of warm water seemed to benefit the patient the most. Prof. Comegys testifies to the beneficial effect of inhalations of one ounce of sulphuric ether with two drachms of tannic acid, a cloth being wetted with the solution and placed into the mouth.

The opinions of the profession, divided on nearly everything connected with diphtheritis, are most decidedly opposed to each other in reference to external applications. Daviot, for instance, admits rubifacients; Wooster exhorts us never to use liniments or mustard, because they increase the anguish of the patient and do not mitigate the affection. Baudelocque applied blisters to the thigh; Daviot objects to blisters in general as having the serious inconvenience of adding cutaneous to pharyngeal diphtheritis, and Meranda, who has but little confidence in external applications to the throat, informs us that blisters are especially hurtful. Dr. Beardsley experienced no satisfactory results from external revulsives, and Dr. White, of Cincinnati, declares all external applications in the form of liniments, tincture of iodine, poultices, etc., of no benefit. According to Wooster's directions, in the first stage, while the engorgement is red and hot, cold wet compresses should be applied to the neck; further along, when the engorgement of the throat becomes œdematous, warm fomentations. Dr. G. Hull orders the outside of the neck and throat to be well rubbed with a strong embrocation of ammonia, camphor and opium. A more extensive course is followed by Dr. A. S. Clark, who carries the thing almost too far: he advocates sinapisms to the legs, feet, hands and arms, external stimulants to the neck, and as the disease advances, fomentations of hops, poultices, etc.

Instead of all these annoying and troublesome appliances, Dr. S. M. Bigelow puts his patients from the beginning into a tepid bath of one or two hours' duration, and has that repeated every two or three days.

There is another feature in the rational treatment of diphthe-

ritis which claims particular attention. The system is to be supported by a free, energetic and persistent tonic or sustaining constitutional treatment, besides the exhibition of general and local remedies as already specified. All authors agree, that a vigorous course, with tonics and stimulants, is an imperative requirement. Therefore the most generous diet : strong beef-tea, mutton-broth, chicken-soup, eggs, wine, brandy, and "whatever other form of nutriment the ingenuity of the surgeon, or the fancy of the patient may suggest" (Lancet Commission). "We urged," relates Dr. Wells, "and in some cases forced patients to take nourishment, notwithstanding the loss of appetite, amounting in some instances to a disgust for food." Where a sufficient amount of nourishment can not be swallowed, it must be supplied by injections.

Among the remedies proper, turpentine, camphor, carbonate of ammonia, Peruvian bark, but especially the tinctures of iron and quinine, in doses adapted to the age and condition of the patient, are usually selected. Quinine, with a mineral acid and a little lemon syrup, (Dr. Claiborne,) is a very desirable preparation. Sometimes, however, there seems to be some contraIndication to the exhibition of quinine. "When the tongue is foul and the stomach irritable, it is better to withhold or suspend it. Loss of appetite, soft compressible pulse, tremulous tongue, languor and subdued expression are indications for its exhibition" (Dr. Dyas). A most comprehensive and impressive description of this part of the treatment is furnished by Dr. Bigelow. He says :

"I commence immediately with the use of tonics, stimulants, and the most nourishing possible fluid animal food. Quinine every three hours in as large doses as can be borne ; bitters composed of cinchona, columbo, chamomile, quassia, bitter orange peel, etc., formed into a strong infusion, to which I add brandy and a little syrup :

"R Cortex cinchonæ flavæ cont.,  
 Radix gentianæ cont., aa ʒ ʒ.  
 Radix columbæ cont., ʒ ss.  
 Cortex aurantii,  
 Flores anthemidis,  
 Quassia amara, aa ʒ ij.  
 Aqua bulliens, O. ij. M., fiat infusum ;  
 Adde : Spiritus vini Gallici, ʒ vj.  
 Syrupus aurantii corticis, ʒ iv.

"D. S. To an adult, one-half to two-thirds of an ounce five or six times in twenty-four hours.

“ Strong bouillon of beef, mutton and chicken cooked together, with tapioca or vermicelli as a change, a teacupful every three or four hours, occasionally with a boiled egg. Ale, porter, sherry, brandy and water in such quantities as may be borne. During recovery I add to our already nourishing fluid diet solids, such as beef-steaks, roast-beef, mutton-chops, poultry, game, vegetables, etc. Throughout the whole course of the disease I give an abundance of such fruits as peaches, grapes, apricots, cherries, currants, raspberries, strawberries. Lemonade and morsels of ice as beverage, or soda-water and syrup of raspberries, currants, and gooseberries.”

A constant supply of fresh air must not be overlooked, nor that all-important care, with the whole train of minor services, usually included in the phrase “ *good nursing*.”

A few peculiar methods of treatment remain to be noticed.

During the epidemic in Augusta, in 1848, Dr. Campbell, observing that the accompanying fever was paroxysmal in character, adopted an anti-periodic medication, which proved more successful than the method previously employed.

Dr. C. Swaby Smith, of Burbage, (*Braithw. Retros.*, Jan., 1860,) commences with the application of a strong solution of chlorinated soda to the fauces, and a sinapism to the throat. A gargle, containing two ounces of a solution of chlorinated soda, two drachms of the tincture of myrrh, and six ounces of water, is to be used every half hour. Where the children are too young to gargle, the throat may be frequently washed with the same mixture, by means of a piece of sponge. Internally: chlorate of potash, two drachms; dilute nitric acid, two drachms; Battery's solution of cinchona, one drachm; water, six ounces. About the sixth part (varying according to the patient's age,) to be taken every two hours. If there is much pain in the limbs, a few minims of the tincture of colchicum are added, which addition has proved highly advantageous. The diet to consist of strong beef-tea, port-wine, and all the nourishment the patient can take.

Dr. G. Bottomley, of Croydon, describes (*Braithw. Retros.*, Jan.,) his plan for children as follows :

℞ Solutionis chlorini,  
Syrupi simplicis, aa ℥ ss.  
Aquæ distillatæ, q. s. ad ℥ vj.

M., fiat gargarisma sæpe utendum.

℞ Solutionis chlorinii, gtt. iv.  
 Syrupi aurantis, 3 j.  
 Aquæ distillatæ, q. s. ad 3 ss.

M., fiat haustus, secunda quaque hora sumendus.

The dose is increased according to age. Calomel in one grain doses and more. Diet: concentrated jellies, strong beef-tea, wine, etc.

Dr. J. C. S. Jennings, of Malinesburg, (*Braithw.*, Jan.,) has adopted a rather rough treatment, and institutes it invariably in all cases, regardless of sex, age, or incubation of disease. First, an active emetic of antimonial wine, from half an ounce to an ounce, according to age; then free cauterization of the throat with solid nitrate of silver; mustard-poultice from ear to ear; the feet and legs plunged into a hot bath, and the patient confined to bed. After the operation of the emetic, a cathartic of calomel and compound extract of colocynth; four hours afterwards this mixture:

℞ Quinæ disulph., 3 ss.  
 Potassæ chloratis, 3 j.  
 Acidi hydrochlorici diluti, 3 ss.  
 Aquæ, 3 viij.

M., fiat mistura, cujus sumatur pars sexta quartaquaque hora.

At the same time a gargle of chlorine solution is directed to be prepared frequently, by saturating water with the proto-oxide of chlorine, generated from two parts of chlorate of potass., one of hydrochloric acid, and one of water. The fauces are to be sponged out with this quite frequently.

Greatly at variance with all others is the method detailed by Dr. B. E. Cotting (*Boston Med. and Surg. Journ.*) While disapproving bleeding, leeches, cupping, blisters, sinapisms, mercurial and drastic purgatives, emetics, cauterizations, he restricts the therapeutical applications to almost nothing. "Mild and nutritious diet, including, if possible, such articles as the patient willingly accepts, is to be preferred to abstinence, certainly to a stimulating course. The inhalation of watery vapor, by an inhaler or other practicable expedient, is often, not always, very agreeable; and if it is not very effective, it is at least without objection. A warm fomentation, or, better still, a warm emollient poultice, covering the whole anterior half of the neck, is probably of service. But above all, anodynes, sufficient to sub-

due restlessness and ensure quietude, are the most important agents. The particular form is of little consequence. Dover's powder, or an equivalent containing the strength of a grain of opium and a grain of ipecac to the ounce, is a very convenient form. The ipecac, however, is not important. Mucilaginous drinks are generally acceptable." From his own statements, it appears that Dr. Cotting was not very happy with this lenient treatment, as old as the history of medicine thought it to be.

Stranger still, but far more successful, appears a plan which Prof. E. S. Cooper adopted (*Boston Med. and Surg. Journ.*, Jan. 5, 1860; *Pacific Med. Journ.*, Jan.), after despairing almost of achieving anything against the fatal disease. With his treatment he lost only one patient out of thirty-one; and this entitles his proposition to a consideration it could otherwise hardly claim, with all its originality. No applications to the throat are used by him. An embrocation of chloroform (three ounces), cod-liver oil (twelve ounces), and spirit of turpentine (two ounces), is applied freely all over the neck, breast and abdomen, upon flannels covered with oil-silk. For internal use he gives this mixture: Ext. glycyrrh., three ounces; acacia gum, one ounce; antim. tart., one grain; sacch. alb., two ounces; aqua, eighteen ounces. Give a wineglassful every two hours to a young child, say two years old, and increase in proportion to age. During this treatment, not a particle of anything else is allowed, — not a drop of water, nor the least nourishment, save what is in the medicine.

Whatever method may be followed, it seems to be essential to continue both general and local treatment for some days after the disappearance of all morbid symptoms.

Experiments with tracheotomy in diphtheritis have not been wanting. On this continent it has been strongly objected to, and is stated to have never been successful. With Bretonnean it was the last resource; he operated three times, saving one patient. In France the operation has been defended and performed up to the present time. Dr. Bigelow follows Trousseau in recommending it, adding that it must be done earlier than in croup, before the vital powers are too low. A method peculiar to Dr. Bigelow is the insufflation of alum into the pharynx, and as far as manageable into the larynx, through the tracheal tubes, immediately after the operation, and repeated according to circumstances.

In conclusion, the sequelæ of diphtheritis ought to come in for their share of the treatment ; but the reports are in this regard almost too meagre. Dr. Bigelow merely alludes to iron tonics, a generous diet, cold affusions, warm clothing, and exercise in open air, for the cure of the subsequent paralysis. In slight cases, sulphate of zinc and quinia have proved sufficient. According to Dyas, the blood must be supplied with its normal proportion of hæmatosin ; and this is to be effected through the agency of preparations of iron, with a generous and supporting diet. Sulphur baths, electricity, preparations of zinc and valerian, are occasionally valuable auxiliaries. The same treatment will be required for strabismus, presbyopia, and other ailments sometimes following diphtheritis. Dr. Meranda's cure of the first named, by spigelia and calomel (given in consequence of an imagined connexion with worms), was evidently an accidental occurrence. Jackson's compound syrup of phosphates has been recommended, and Churchill's preparations of the hypophosphites may be still better ; but the remedy principally to be relied on, as well for the general and local treatment of diphtheritis itself as for all affections following it, is undoubtedly iron.

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ART. II.—*Dr. Fisher's Case.* By JOHN DELAMATER, M.D., Professor of General Pathology, Midwifery, etc., in Western Reserve College, Cleveland, Ohio.

[Continued.]

Interrogatory 7th. If you state in your answer to the last foregoing interrogatory that inversions of the uterus have been discovered to exist weeks, months, or even years after their occurrence, state whether or not in your opinion such inversions were complete at or about the time of parturition, or whether or not they were the result of a gradual displacement, or whether or not at some remote period after parturition they suddenly became completely inverted, without any previous displacement. Please give your opinion as to the pathology and the causes of such inversion.

Reply to interrogatory 7th :

Being fully persuaded that inversions of the uterus have been discovered to exist at various periods after their occurrence ; that for the first four weeks, and in rare cases at a later period, they

may become established either suddenly or gradually ; and, also, that the accident may take place at periods remote from parturition, or even in women who have never borne children ; and that in the two last named species of cases, they must in most instances, and perhaps in all, be effected in a gradual manner, I proceed, in accordance with this interrogatory, to state my views particularly on all the points named, as well as the facts and the reasons upon which my opinions are founded.

I have already shown conclusively, as I apprehend, that inversions may occur either suddenly or gradually, at any time within the first thirteen days after labor ; my reasons for which will more fully appear in course of the following discussion of the subject, to which I at once proceed.

The following case, extracted from Churchill's Treatise on Diseases of Females, p. 372, seems in point for establishing the fact that inversion may occur immediately after an abortion ; it is as follows : " Skae has recorded one case (that is, of inversion,) which occurred after an abortion of four months ; and it was reduced twelve hours afterwards. See *Edin. Med. Journ.*, May, 1849, p. 773." Here is conclusive evidence that inversion of the uterus may take place after an abortion, at a period of pregnancy when the uterus has become only so much expanded as just to allow its fundus to be felt at the bottom of the abdomen, immediately above the front of the pelvis. It seems pertinent to remark, in reference to this fact, that the womb, at the end of the fourth month of pregnancy, is by estimation of about the same volume as it is usually found to be at the expiration of ten to twelve days after labor at the term ; and, consequently, Skae's case furnishes conclusive evidence that inversion, as it is related to pregnancy and parturition, where the post-partum changes are as usual, may have its commencement, as well as its consummation, as late as ten to twelve days after labor. And the natural and obvious inference deducible from the description of the case is, that the inversion occurred suddenly ; and that this is not a very rare event, seems to be inferable from the statement which is made in reference to the changes which take place in the uterus after labor. In the Treatise of Boivin and Duges on Diseases of Females, p. 115, these authors, speaking of inversion, remark as follows : " Hence we find that most of these cases occur after labor or abortion." I would remark, by way of defi-



nitition, that by the term abortion, as used in works on midwifery and female diseases, is intended the expulsion of the embryo at any period before it has become so far developed as to be visible—that is, able to sustain an independent existence; and hence any expulsion of the ovum prior to the sixth month of pregnancy is denominated an abortion.

But it seems of late to have been further ascertained that the usual changes after labor, by which the womb returns in volume towards its non-pregnant condition, are frequently unduly delayed, insomuch that this organ may occasionally be found still of such volume as to be felt as a considerable tumor within the abdomen at the end of months, or even years, after child-bearing. And hence in all such instances the predisposition to inversion must, from the nature of the case, be correspondingly prolonged. But this point will be made more clear by what follows. The usual changes to which the uterus submits after parturition are well described by Boivin and Duges, on pages 17 and 18 of their treatise above named, as follows: “After labor the uterus resumes its smaller size. This reduction is much more rapid than the preceding hypertrophy; it requires, however, about *two months* for its completion. Immediately after labor, the uterus is felt in the hypogastrium (lower part of the abdomen); its parietes are from half an inch to an inch in thickness. At the end of seven or eight days it is raised little or not at all above the brim (that is, of the pelvis). The body of the uterus contracts in every direction; its cavity gradually resumes its flattened, triangular form (that is, becomes slit-like transversely, its anterior and posterior walls very nearly approaching each other); always retaining (at its sides) a slight curvature outward, in contradistinction from that presented in the unmarried (in whom the cavity is triangular, the apex downward, and the sides and base of the angle depressed—that is, incurvated centrically, the apex terminating in the canal of the neck).

“It is not until the uterus is nearly reduced to its natural volume, that it recovers its firmness, and becomes capable of resisting any considerable effort. In the first weeks, and especially in the first days, the uterus, though contracted, is yet so dilatable that internal hæmorrhage might reproduce the dimensions which existed during pregnancy, or nearly so; and the mere inflation of

the organ, after death, leads to nearly the same result, on the second or third day after parturition." In a foot-note, however, on page 17, the same learned authors continue as follows: "The rapidity of this reduction in size varies considerably in different persons. Tiedman represents the uterus after six days as being about six inches in length. Ruish has drawn the uterus, "after three weeks and a half, five inches in length and four inches in breadth," which is about the dimensions of the organ early in the fourth month of pregnancy. "And Roeder, proving this diversity in different persons, found the womb in one case on the third day seven and a half inches in length, and four and a half inches in breadth at the fundus. In another case the womb was seven and three-fourths inches in length, and five inches in breadth, on the seventh day. In still another woman, the womb was seven and a half inches in length, and four and a half in breadth, at the end of three weeks" (after confinement).

It is now several years since Prof. Simpson, of Edinburgh, attempted to draw the attention of the profession to the subject of morbidly delayed involution of the uterus after parturition. In his treatise previously described, at page 107 and onward, he writes as follows: "During the summer of 1802 I attended, along with Dr. Abercrombie, a lady who, after a premature confinement in the country, had suffered from a smart attack of puerperal fever. After so far recovering for a few weeks, she was sent from a considerable distance into town, to be treated for what appeared to be a large tumor, stretching upward from the pelvis into the right iliac region. The tumor had not been observed before delivery, and was somewhat painful to the touch." Further on he continues: "The uterine sound, when introduced into the os uteri, passed easily and directly upwards for several inches to the superior end of the tumor (the normal depth of a non-pregnant womb is about two and one-fourth to two and a half inches); and its apex could be felt there by the hand, placed externally. This at once showed the supposed diseased mass to consist of the enlarged uterus." Further examination showed that there was nothing strictly abnormal about the uterus, except its great size; in fact, it was a case where the organ had remained nearly undiminished after delivery. Dr. S. says that this observation was made a few weeks after a premature labor.

On page 108 of the same work, Prof. Simpson farther remarks as follows: "Chronic hypertrophy of the uterus, in any excessive degree, from morbidly retarded or arrested involution (return of the womb towards its non-pregnant condition), is more rarely met with; but in lesser, though in still sufficiently remarkable degrees, it often persists for many long months, or even years, after parturition." On page 109 of the same work, Prof. S. continues: "Sometimes hypertrophy of the uterus follows upon abortion, or premature labor." In a few instances I have myself observed the uterus still presenting a tumor of considerable size, in the inferior part of the abdomen, some three or four weeks after labors, and have prescribed medical treatment for its reduction.

From the facts above narrated, it must be apparent that the womb must, in many cases, retain sufficient volume and expansion of its cavity to permit the occurrence of inversion at the end of several weeks; and in some instances, at the expiration of months after the preceding labor, or abortion, as the case may be.

But still an objection will occur: the inquiry will arise, whether the womb may not be expected to be usually in such a state of contraction and density of its walls as to forbid the occurrence of inversion within a few days even after parturition. I have already anticipated the answer which I ought to make to such an inquiry, in the account of the post-partum changes which I have drawn from the *Treatise on Female Diseases*, by Boivin and Duges. I take liberty to recall attention to this point, by reference to their statements in two or three particulars:

First, they say: "After labor the uterus resumes its smaller size. This reduction is much more rapid than the preceding hypertrophy." Further on they continue: "It is not until the womb is nearly reduced to its natural volume (that is, at the end of one to two months), that it resumes its firmness, and becomes capable of resisting any considerable effort," etc. In my own case, related in reply to the immediately preceding interrogatory, the inverted womb, at the time of the accident, the tenth day after the labor, was still soft and pliable, and about two-thirds of its usual size immediately after confinement.

The following observations, drawn from Prof. Simpson's treatise, already often referred to, affords further corroborative

evidence that the womb is sometimes, at least, lax and uncontracted at the expiration of a week or a little more after parturition, in a degree to dispose it to yield readily to any considerable force impressed upon it. This observation is found on page 75, and is as follows: "In course of the natural changes of the puerperal state, the uterus gradually diminishes and regains its natural size in the course of four or five weeks, and in some not till a longer period after parturition. In two cases," etc. Further on he continues: "In a third case, in which the date of the parturition is still uncertain, two most intelligent medical men gave in a report, certifying the existence of all the ordinary signs of delivery upon the body of a woman nearly fifty years old, with the single but important exception that no uterine tumor could be felt by them above the pubis, probably in consequence of the organ being so flaccid, or so low in the pelvis, as not to be felt by the common hypogastric examination. Eight days subsequently I saw the accused, along with the medical reporters, and at that time found that the uterine cavity still measured fully four inches in length, and that the fundus of the organ could be pressed easily forward by the end of the introduced bougie, so as to make us both perfectly certain of its being an enlarged uterine tumor." Further on Prof. S. continues: "In this last case the use of the bougie proved the presence of the enlarged uterus, when as long as a week previously it could not be felt above the pubis by an abdominal examination, carefully conducted in the ordinary mode. It showed the uterine tumor to exist when it could not be felt by the usual means of examination."

*Remarks.*—In the last narrated observation, we have the case of a post-partum uterus at least eight days after labor, with a cavity four inches in depth—that is, as large as that of the same organ in the fifth month of pregnancy; and it could not be distinguished by the hand applied to the abdomen at any time during the preceding week. Evidently there was in this case extreme flaccidity of the organ; and a sufficient cavity, even, for submitting readily to inversion, had any adequate mechanical impulse been made upon it.

In regard to the changes which usually take place after labor in the neck of the uterus, Boivin and Duges afford us the following description: "The cervix (neck) and cervico-uterine orifice

(that is, the opening connecting the canal of the neck with the cavity of the organ,) contract a few hours after labor, the os uteri remaining widely open; its labia, soft and flabby, resume their firmness on the following days, approach closer and closer, and at last upon the cessation of the lochia.

It is to be recollected that this is a description of the usually normal state; but I can hardly imagine that there can be any practitioner, who has been much conversant with the parturient and puerperal woman, who has not repeatedly found it otherwise. I have myself had knowledge of some cases in which the hand was introduced into the uterus, and, as was affirmed, without much resistance, two or three days, and in a few instances five or six days after labor, for the purpose of extracting the placenta, or portions of the placenta. In most cases, however, it is otherwise. I have in a few instances found it impossible to introduce the hand, by any prudent measure of force, for the same purpose, at the end of six or eight hours after the birth of the child.

But, on the other hand, however, I have found the mouth and neck of the organ so lax and open as to admit a finger through them, without resistance, several weeks, sometimes five or six weeks, even, after parturition.

Prof. Simpson, on page 108 of his work, to which I have made reference, relates the following observation, numbered Case II.: "The patient, aged 28, and married for three years, was delivered of her first child two years ago. She was so well as to be allowed to leave her bed at the end of a fortnight. The lochia, however, were very abundant, and continued for eight weeks. She nursed her child for some months; and during this period of lactation the menses recurred, as they have done since, regularly, profusely, and each month somewhat prematurely. She complains of pain in the back, weakness, etc. In making a vaginal examination, the body of the uterus, which is retroverted, feels large and heavy, like a uterus in the third month of pregnancy. Its cavity, as appears by examination with the sound, is nearly an inch greater than the natural length. The cervix is large, and fills entirely the extremity of the largest size speculum. Its surface is red and congested, but presents no appearance whatever of abrasion or ulceration. The os is unusually patent, and admits the tip of the finger for about half an inch." Further on Prof. Simpson con-

tinues the narrative : "The hypertrophic fundus and body of the uterus seem quite free from tumor or other heterologous deposit." Prof. Simpson has introduced this as an illustration of the history of one of the forms of retarded or interrupted involution. It is evident, therefore, that the mouth and neck, the same as the body, submit to considerable variety in their post-partum conditions.

But within a few years past, a most interesting discovery has been achieved in regard to the post-partum changes of the uterus, which is adapted to throw considerable light on some of the more obscure cases of inversion, and which, therefore, it becomes necessary for me to describe.

In the *British and Foreign Medico-Chirurgical Review* for October, 1853, p. 414, under the heading of Annals of Micrology, reported by Robert D. Lyons, M.D., T.C.D., member of the Royal Irish Academy, and honorary Professor of Anatomy to the Royal Dublin Society, etc., etc., we find the following highly interesting announcement, unaccompanied by even a single dissenting syllable, which is wholly contrary to the manner of the very learned editors of that journal, when the matters reported appear to be either doubtful in their facts, or objectionable in any other respect. The report reads as follows : "There appears good reason to believe that the process of fatty degeneration is the mode by which the uterus post-partum (after parturition) is restored to its normal dimensions. Prof. Rhetsius, (of Stockholm, Sweden,) has already investigated this subject; and more recently a memoir has been devoted to it by Heschl. See Researches on the Conditions of the Uterus after Delivery, by R. Heschl; translated from the German: Dublin, 1853. This author states that the substance of the uterus undergoes so complete a transformation into molecular fat, that not one single fibre of the organ existing previous to child-birth remains behind. This transformation has not been observed to commence before the fourth or sixth day, and not later than the eighth. In the single muscular fibre the process begins at many points at once, the outlines become pale, and there appears yellow granules, which, when the ends of the fibre cells are thin, lead to their early dissolution."

The following notice of Prof. Rhetsius' discovery, above named, is found on page 106 of Prof. Simpson's publication, to which I have previously made reference, namely: "In the

*Swedish Hygieia*, of last year, my friend Prof. M. Rhetzius, of Stockholm, published some interesting observations on the process by which nature effects the reduction of the puerperal uterus. He found, in a series of anatomical and hystological observations on the subject, that the process of absorption of the walls of the puerperal uterus was preceded, as absorption of other deposits is, by fatty transformation of its component fibres; and that the blood, during puerperal convalescence, shows under the microscope a corresponding superabundance of globules, or granules of fat."

The following extract, drawn from a Manual of Obstetrics, by Prof. W. Tyler Smith, of London, (London edition, 1858,) to which I have already made reference, will furnish further details on the subject last named; and also show the spirit in which this extraordinary discovery is being received by the leading minds in the profession. On page 109, and onward, Prof. Smith discourses with reference to the anatomical changes which the muscular structures (which chiefly constitute the bulk of the organ,) undergo, in the process of post-partum involution, or return of the organ to its natural non-pregnant conditions, as follows:

"The necessary involution of the uterus is effected chiefly by the atrophy and fatty degeneration of the colossal muscular fibres, and the absorption and removal of the fatty matter by the kidneys, the mammary glands (breasts), and from the internal surface of the uterus itself. The whole uterus becomes soft; it is difficult to insulate individual fibre cells, from their excessive friability; and they are found to be studded with oily particles in their interior. The disintegrated muscular fibre of the uterus, taken into the system by absorption, probably contributes to the formation of the caseous matter of the milk first secreted; and fatty elements are found in the urine at this time, and abundantly in the lochial discharge (the discharge from the genital passages which usually follow labor).

"A brief but very excellent account of the post-partum changes occurring in the uterus, has been given by Dr. West, in the 34th volume of the *Medico-Chirurgical Transactions*.

"During the involution of the uterus after labor, chiefly, as we have seen, by the fatty degeneration of the muscular fibres, a new series of the nucleated fibre cells of the virgin, or nulliparous uterus, is formed.

“Kolliker states that three weeks after parturition the embryonic fibre cells again appear, though a longer time than this expires before the complete fatty degeneration and absorption, or discharge of the developed fibres, is accomplished. Probably two or three months have elapsed before the involution of the uterus after delivery is complete.

“Thus, as observed by Franz, Kilian, and Mr. Rainy, the highly developed muscular structure is removed, and a more lowly organized structure formed in its place, after each labor, so that the gravid uterus (pregnant womb) of each successive pregnancy is to a great extent replaced by a new organ.”

It follows, from the descriptions and statements last above adduced, that the entire muscular walls of the uterus begin to undergo a process of physical disintegration, and to assume, consequently, a correspondingly softened and yielding condition, in four to six days after parturition, — the developed muscular fibres parting with their contractility and power of physical resistance coincidently and commensurate with these organic changes, which are not fully completed before the expiration of two or more months; and it still further appears that during the first three or four weeks after labor, the bulk of the womb consists principally of more or less of the remains of disintegrated fibres, and of particles of oil; but that after the expiration of about three to four weeks, the highly developed muscular structure having been in a great measure removed, the organ consists chiefly of particles of oil, and of embryonic fibre cells, which accumulate and develop more and more till the restoration of the organ is completed. But these embryonic fibre cells, though assuming an organic arrangement, are, of necessity, nevertheless of mere gelatinous consistence, and equally void of all contractility with the inert oil particles and disintegrated fibres, in the midst of which they are being laid down and developed, until near the end of the process, which occurs at the expiration of two or more months. During all the period of change above named, even from its incipency, four to six days after parturition, and through the two or three succeeding months, it is evident enough that the womb can possess but very little power of either active contraction or of much positive physical resistance; indeed, it is quite apparent that at the expiration of three or four weeks after par-



turition, all powers of active contractility must have wholly ceased, and that the bulk of the organ must consequently consist of a mass constituted of fluid and inert oil globules, and more highly vitalized, but still equally inert embryonic fibre cells of semi-gelatinous consistence; all receiving arrangement and form from the enveloping and lining membranes, holden in position by a slight filamentous frame-work of cellular membrane within, attached on the one hand to the living membranes of the cavity and canal of the neck, and on the other to the membranes which invest the organ. This filamentous frame-work, though extremely extensible, is at the same time elastic, so as to tend by a constant though very gentle force to preserve the organ in its due form.

[To be continued.]

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ART. III.—*Case of Lacteal Engorgement.* Reported by CHAS. R. GREENLEAF, M.D., Resident Physician at St. John's Hospital, Cincinnati, Ohio.

Margaret C——, aged 22 years, Irish, of a leuco-phlegmatic temperament, lax fibre and quite anæmic, was delivered, June 23d, of a fine male child, the second since her marriage. At midnight of June 26th I was called to see her; found both breasts enormously distended, the right measuring *forty-two inches* in circumference, and *twelve and a half inches* in length from the axillary fold to the nipple; the left, *thirty-six inches* in circumference, *ten inches* in length; the integument over each was stretched to its utmost capacity; was natural in color on the left, but dull red on the right; both breasts were as hard as if cancerous, and were traversed by greatly enlarged veins; at the base of each nipple the glandular structure was soft, but elsewhere quite hard and prominent beneath the integument. To such an extent were the breasts enlarged, that complete numbness had taken place in both arms, and the pulse was scarcely perceptible at the wrists, from pressure on the axillary vessels and nerves; there was neither pain, tenderness, nor fluctuation in either breast. From her previous history I learned that from girlhood her breasts had always been large and flabby; and her first child was suckled until the present one “quickened” — the lacteal secretion being so copious shortly before the delivery as to run from the nipples. Regarding

the case as one of simple engorgement of the lacteal ducts, the breast-pump was immediately applied, and in less than two hours two quarts of milk were drawn, which was perfectly healthy in appearance. Directions were given to use the pump alternately on the breasts during the night, and to give her brandy and water.

June 27th.—Requested Dr. Dandridge to see the case with me in consultation; found two more quarts drawn, making a total of a *gallon* of milk in ten hours; the last draughts have a decidedly yellow tinge, looking very like thin custard; the right breast now measures thirty-two inches in circumference, ten inches in length; the left, twenty-eight inches in circumference, nine inches in length; the pulse has returned at the wrists, and there is no numbness in the arms; complains of a dull pain in the base of the left breast. She was directed to support the breasts by a bandage, and keep on hop fomentations; and as there was complete suppression of the lochia, warm terebinthinate lotions were directed to be applied to the abdomen, over the uterus.

June 28th.—Is improving. Right breast now measures twenty-four and one-half inches in circumference, nine and one-half inches in length; left, twenty-three inches in circumference, seven inches in length; there is neither tenderness nor pain; breasts are soft, milk flows very freely, and appetite is poor. Ordered *mist. ferri comp.*, 3 ss. every hour.

℞ Quinia sulph., gr. j.

Ext. hyoscy., gr. ij.

Ft. pil., s. to be taken at each meal.

Rubbed breasts with warm vinegar, and applied Smith's bandage.

July 3d.—Much improved. Right breast measures twenty-one and one-half inches in circumference, eight inches in length; left, eighteen inches in circumference, seven inches in length; breasts quite soft and flabby; secretion of milk much diminished; has sore nipples.

℞ Potas. iodid., 3 j.

Aquæ, 3 ij.

M., s. teaspoonful three times a day.

July 11th.—The breasts are now probably as small as they ever will be, measuring the right fifteen and one-half inches in circumference, and the left thirteen inches in circumference. The secretion of milk has nearly ceased; and considering the case as well, I left it.

## Proceedings of Societies.

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*Proceedings of the Montgomery County Medical Society.* Reported by J. C. REEVE, M.D., Secretary.

The Society met in the city of Dayton, on Thursday, July 5th, and was called to order by the President, Dr. C. McDermont.

Balloting for those who had been proposed for membership at the preceding quarterly meeting being first in order, Dr. Swander, of Union, was unanimously elected to membership. Pending the election of Dr. Wallace, of Lewisburgh, Preble County, a debate took place on the policy of admitting to the Society physicians who reside in adjoining counties where there are, or might be, medical societies. The applicant having failed to receive the number of votes necessary for election, the Society directed it to be made known in the proceedings that no personal objection had been brought forward against Dr. Wallace, but that the rejection arose from the adoption of a rule of action by the Society, which seemed dictated by a regard for the best interests of the profession elsewhere as well as in this county.

The name of Dr. Jacob L. Gebhart, of Liberty, was announced as a candidate for membership.

Dr. Denise gave a verbal report of a case of placenta prævia, which he had attended recently. The patient had previously given birth to several children without difficulty; at the seventh month of pregnancy she was taken with severe hæmorrhage; this recurred at the end of another month, and from that time she suffered repeated attacks until she was delivered. The first examination he made revealed to him the nature of the case, and he used such measures from time to time as were necessary. Finally, the hæmorrhage being so profuse as to cause fainting several times, and an examination having shown the os uteri to be fully dilated, he determined upon delivering the patient, which was done by passing the hand partly through and partly by the side of the placenta, seizing the feet of the child and turning. A considerable time elapsed before respiration was established; but the result was a happy one for both child and mother, the placenta being thrown off in due time, and a favorable convalescence

ensuing. A dose of ergot was administered just before commencing the operation.

Most of the members present made remarks upon the case, and upon the subject of placenta prævia; the point was discussed, whether, in general, such a case should not be treated with the tampon, or other measures to control the hæmorrhage, until labor commenced, no pains having occurred in the case reported at the time the operation was undertaken. All agreed, however, that the success was all that could be wished for, in the case under consideration.

During this discussion the following experience was given :

Dr. Gundry had seen three cases of placenta prævia. The first was the second case of obstetrics to which he was called; the placenta and child were expelled together, and the result was favorable. In the second case he found the patient in *articulo mortis*, a German midwife having removed the placenta and turned the child; he delivered the head of the child, which was dead, and the mother survived but a short time. The third case was under observation of himself and a professional friend during several weeks; when labor came on, the placenta was removed first; the child was then delivered, still-born; the mother recovered. He had had no experience with turning, and thought hæmorrhage would be much more severe and dangerous during the procedure, than from detachment of the placenta.

Dr. McDermont had seen two cases of the accident; in the first case the placenta had been removed by a midwife, before his arrival; there was a great deal of hæmorrhage, but the mother was saved, the child being still-born. In the second case the child had been turned, and delivered, all but the head, by another practitioner, when he first saw it; result fatal to both mother and child.

The chair appointed Dr. Denise a special committee to report upon the subject of placenta prævia, at the next quarterly meeting.

#### *Afternoon Session.*

Dr. J. D. Kemp, of Vandalia, being the regular essayist, read a paper upon Typhoid Pneumonia; in it he presented first an account of the symptoms and cause of the disease, with the pathological changes found after death, as detailed by standard medical

writers of this and other countries, and followed with the history of an epidemic which had lately occurred under his own observation, as follows :

— I now propose to give a history of a disease which occurred in my practice during the last winter and early spring months, in an epidemic form, and from the course and symptoms of which I was satisfied to attach to it the name of typhoid pneumonia ; in doing this, I have the pleasure of having the support of some of my professional brethren of the Society, who saw some of the cases, and sustained me in my decision.

The disease made its appearance about the last week of January, 1860. Previous to this time, during the winter of 1859-60, the health had been very good in the section of country around me, with the exception of an apparently epidemic form of diphtheria, and a peculiar inflammation and ulceration of the mucous membrane of the fauces.

The pneumonia appeared first in a portion of country previously noted for its good health, and in which there had always been an immunity from epidemic diseases ; and for some time it was confined to a certain locality, or neighborhood, of only a mile or two in extent, attacking mostly those families residing in the most elevated section of the country, and in those places which were exposed to the influence of the excessively cold winds so prevalent during a portion of the past winter. Though the disease did not make its appearance until after the cessation of the excessively cold weather, and then only in a certain locality of an elevated tract of country not more than two miles in extent, as spring approached I was called to see other cases in different portions of country in the range of my practice, and met with isolated cases of the disease until June ; but these latter cases assumed a more acute form than those which first occurred, and were more amenable to treatment. In almost every case there was an extremely strong susceptibility to a complication with enteritis occurring in the course of the disease, which, with the latency of the pneumonic symptoms, caused it to be very much masked, and in some instances rendering the diagnosis between typhoid pneumonia and typhoid fever very difficult ; and, indeed, the point could only be decided by a resort to auscultation and percussion, and a rigid observance of the disease from its commencement.

Angina, of a very singular form, occurred in nearly every case, resulting in a peculiar ulceration of the mucous membrane of the tonsils, soft palate and uvula; but more particularly confined to the larynx, and apparently extending along the trachea into the bronchial tubes and lungs; the patients complaining of sore throat, and a sensation as if something were lodged in the upper part of the trachea, which could not be removed, and which seemed to be a source of continual annoyance. Upon examination of the throat, the mucous membrane presented a highly inflamed appearance; and far down the throat, toward the larynx, could be seen blistered-looking surfaces, and ulcerated patches of various size and shape; in fact, the mucous membrane of the tongue, fauces and throat presented a highly inflamed appearance at the onset of the disease, which appeared to spread rapidly to the larynx, trachea, bronchial tubes and lungs, the inflammation now terminating in an ulceration of the mucous membrane of the fauces and throat, of a shallow, ragged-looking appearance; in many instances the ulcerated patches far down in the throat could be seen, while the upper portion of the throat, tonsils and fauces only presented the appearance of inflammation; though in every case the inflammation reached the lungs, it was indicated by the diminution of the respiratory murmur, and substitution of the mucous râles. This was a singular phenomenon; but that angina does more or less generally occur in cases of typhoid pneumonia is an established fact; and when in connection with this we state again that during the preceding winter and spring there prevailed in the country an epidemic diphtheria, associated with a peculiar inflammation and ulceration of the mucous membrane of the fauces, and air passages generally, this apparently singular complication is very easily understood. In further explanation of this, it might be necessary to add, that during the latter part of winter all the diseases which occurred in this section of country assumed a more intractable and malignant form, and were less amenable to treatment, than diseases of the same nature generally are.

A petechial eruption, very much resembling that described by authors in typhus fever, made its appearance upon the patients. It was first and more generally observed upon the breast and abdomen, appearing about the end of the first, or during the second week; the spots were not elevated above the skin; were of a dark

color; some would disappear very slowly upon pressure, and soon return, while others would not disappear at all. Sudamina also occurred in some cases upon the neck and face, but were not general. The tongue was at first lightly coated with a yellowish, white fur; but as the disease advanced, it became heavily loaded far back with a dark, yellowish coating; the centre and near the edges remained white and glaring, while the tip and edges looked red and inflamed. In some cases, as the disease progressed, the tongue appeared as though it had been seared with a hot iron, in places; and after a short time fissures, more or less in extent, made their appearance in it, and gradually wore away as the fever abated.

The pulse ranged from 100 to 120, and 130; at first it was full and strong, but soon became wiry, indicating a persistent degree of irritability and inflammation.

The patient, on being interrogated as to the condition of health for a time previous to the onset of the disease, would state that for a number of weeks he had experienced feelings of ill-health, such as chilly sensations, headache, cough, etc.; and for a few days immediately preceding the attack, a general aching of the whole body, with violent pain in the head, particularly above the eyes, through the temporal regions; after which, the disease was ushered in with a severe chill, followed by fever of a remittent character; the face was suffused with a dark, florid hue; the eyes were injected and watery, the carotids pulsated violently, and the skin was dry, parched, and of a very pungent nature, although the patient often complained of chilly sensations, when the fever was high, and the surface extremely hot. The urine was scanty, of a dark red color, and in some cases loaded with a sediment. The stomach was irritable, but only in a few instances was the appetite entirely suppressed. The bowels were very easily acted upon by laxatives in the early stages of the disease, soon becoming very tender on pressure, especially in the ileo-cæcal region, and along the course of the colon; tympanitis, gurgling, a persistent though not dangerous diarrhoea, and in fact all the symptoms of enteritis occurred in almost every case. The dejections were fluid, dark-colored, and in some instances bloody.

The pain referred to the affected lung was obtuse, confined to the lower and posterior region, and in the majority of cases the

vants. Bleeding from the arm was resorted to in one case, and that with good effect; leeches were also used in one instance, locally, over the region of the affected lung. Sinapisms and poultices were applied over the affected lung in all cases, and over the bowels when they were irritable and tympanitic, with marked advantage. In but one case, which had gone into suppuration, was cantharides blistering, followed by croton oil counter-irritation, resorted to; and by persistence in these applications, in connection with supporting internal remedies perseveringly used, this patient, after going through a long stage of suppuration with very copious expectoration, finally recovered, and is at present enjoying good health. I regard calomel as indispensable in this disease; and when pushed so far as to make its constitutional effect just perceptible upon the system, without producing marked pyalism, and controlling and assisting its action with opium and ipecacuanha, the disease appears to give way, when no other treatment will make a marked impression on it; after this effect is produced, the inflammation gradual subsides, the excessive action of the heart and arteries ceases, the pulse becomes soft and less frequent, loses that wiry and rebounding thrill, and now a condition arises calling for supporting remedies, stimulating expectorants and tonics. Among this class I regard carbonate of ammonia, with squill and seneka, wine-whey, iron and quinine, as the most valuable in the whole materia medica. These remedies, with adjuvants which it is unnecessary to mention, constituted the course of treatment pursued in those cases which fell to my care. The first indication was to subdue the inflammation; secondly, to arouse and establish the dormant secretions; and in the last place, by stimulation and tonics establish convalescence.

In conclusion, it might be necessary to state, that in the majority of cases females were more generally attacked than males. When the disease first made its appearance, it was almost wholly confined to young females from the age of twelve years up to twenty; in a few instances aged women were attacked. As the disease progressed it appeared more generally to attack both sexes, but more particularly was it confined to puberty than to any other age, and those cases were mostly females. I have met with cases of this disease up to the present time — also typhoid fever in which the bronchial and pneumonic symptoms were very promi-



ment characteristics in the course of the disease, rendering the complication very serious.

— Several members of the society made remarks upon the paper and the subject treated of in it, and occupied the time until adjournment.

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### Correspondence.

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Boston, Mass., July 7, 1860.

*Messrs. Editors* :—Since my last, our State Medical Society has held its annual meeting. Papers were read on neuroma, the zymoses of 1859, and upon the subject of vaccination. Resolutions were adopted to defray the expenses incurred by Drs. Carpenter, Bell and Storer, defendants, in suits of Dr. Ira Barrows, for libel. Dr. O. W. Holmes delivered the annual address. It was, of course, spicy, pungent, and at times humorous. His attack upon the system of drugging was quite severe; and the society subsequently entered a protest upon its records, to be published along with the address and transactions.

Nearly every physician in Boston has subscribed one dollar, the maximum demand towards a memorial to Dr. John Hunter, in Westminster Abbey. Subscriptions are being taken up all over the State.

Dr. Hayes sails to-day on his Arctic Expedition from this port. Interesting farewell exercises were held on the 5th inst., in relation to his sailing to the ice-bound regions of the North. The "Springhill," which is to convey the exploring company, is an object of considerable interest just now. The Doctor has a select party of tried men to go with him, and he feels almost confident that he will be able to reach the North Pole, and add another laurel to Dr. Kane's memorable expedition. Thousands of warm hearts will go with him on his perilous journey.

The National Quarantine and Sanitary Convention held its fourth meeting here in June. About two hundred delegates were present, including many physicians from distant States. Reports, resolutions, debates, excursions, eating and drinking, constituted the leading features of the occasion. The Convention is evidently

enlarging its field of operations from year to year, and will soon be stealing the thunder from the Pharmaceutical and Medical Associations. Space will not allow me to give the speeches and a detailed account of the daily business of the Convention, but only some of the subjects brought before this body of Sanitarians.

The following are the officers elected for the coming year : President—Dr. Jacob Bigelow, of Boston. Vice Presidents—Hon. R. D. Arnold, of Georgia, A. H. Stevens, M.D., of New York, H. G. Clark, M.D., of Boston, John F. Lamb, M.D., of Penn., Judson Gilman, M.D., of Md., Hon. Moses Bigelow, of N. J., Hon. J. C. Knight, of R. I., Robert Thompson, M.D., of Ohio, C. B. Guthrie, M.D., of Tenn., Thomas Stewardson, M.D., of Penn., Alderman Charles Starr, of New York, Hon. Thomas Aspinwall, of Boston, J. W. Houck, M.D., of Baltimore. Secretaries—Calvin Ellis, M.D., of Boston, J. B. Jones, M.D., of Brooklyn, William Taylor, M.D., of Penn., Alderman David C. Dadd, Jr., of N. J.

Dr. C. B. Guthrie, of Tennessee, presented a report upon legal restrictions for the control of the sale of poisons and dangerous drugs, ending with the following proposed form of law and list of medicines :

**SECTION 1.** No person shall be allowed to sell or dispense any of the following articles named in this act, and known as "*Poisons or Dangerous Drugs*," except that they shall hold the diploma or certificate of membership of a College of Pharmacy, or the certificate of the American Pharmaceutical Association, or the certificate of two or more physicians in regular or active practice in the town where they reside and propose to do business, certifying to their acquirements as apothecaries and integrity as men, which diploma or certificate shall be exhibited in a conspicuous place in their stores. This act shall not be considered as applying to practitioners of medicine in selling or dispensing to their patients.

**SEC. 2.** The following named articles shall be deemed poisons ; and the persons authorized to sell or dispense the same shall keep a book of registration, in which the name of the article and the quantity sold, and the name and sex of the purchaser, shall be duly entered ; and it shall not be lawful to sell or dispense the same to *minors*, or persons of unsound mind :

**List of Poisons.**—Atropia and its Salts ; Aconite and its preparations ; Arsenic ; Corrosive Sublimate ; Cyanide of Silver, Mercury, Zinc, and Potassium ; Cannabis Indica and its preparations ; Cocculus Indicus and its preparations ; Cantharides ; Deadly Night-Shade ; Digitalis ; Datura ; Delphinia and its Salts ; Ergot and its preparations ; Gelseminum and its preparations ; Henbane ; Nux Vomica ; Nicotine ; Opium and its Salts ; Essential Oil of Bitter Almonds, Rue, Tanzy, Savin ; Prussic Acid ; Picrotoxin ; Poison Hemlock ;

Strychnine ; St. Ignatius Bean ; Tartar Emetic in more than six grains ; Veratrina.

SEC. 3. This act shall not be taken to apply to such as are engaged in the manufacture or wholesaling of any of the above articles, except when sold in small quantities to others beside the trade.

SEC. 4. All such articles shall be clearly and distinctly labeled with the name of each article ; and such as are commonly used for the destruction of vermin shall also be labeled *Poison*, before leaving the hands of the apothecary.

SEC. 5. All persons offending against the provisions of this law shall be subject to a penalty of — for each and every offence.

Finally, the whole subject was indefinitely postponed. But the report will be printed with the Transactions of the Convention.

Dr. Alexander H. Stevens, of New York, presented a report on the utility of wet docks in connection with quarantines, and the propriety of placing the entire establishment under the jurisdiction of the United States government. He also thought a law needed requiring cellars to be ventilated.

Dr. A. W. Bell, of Brooklyn, presented a report in print on external hygiene.

Dr. Snow, of Providence, submitted one on registration.

Mr. Kimball, of Boston, offered the following resolution, but the Convention deemed it inexpedient to legislate upon it.

*Resolved*, As much panic now exists in view of the prevalence of pleuro-pneumonia in this and other States, and in view of the uncertain knowledge now existing in relation to the subject, its nature and cure, a committee of this Convention be appointed to consider and report upon the same.

The following declarations preceded the "Code of Marine Hygiene," as prepared by Drs. Bell, Harris, and Jewell :

1. Every organized government has the right of protecting itself against the introduction of infectious diseases, and of putting any country, place, or thing in quarantine which would introduce infectious diseases ; provided, however, that no sanitary measure shall go so far as to exclude or drive from port a vessel, whatever may be her condition.

2. The only diseases at present known, against the introduction of which general quarantine regulations should be enforced, are plague, yellow fever, and cholera. In addition to these, however, all ports have the right of providing against a ship having typhus fever on board, and of applying prophylactic measures against small-pox. And, as regards the plague, the European Congress at Paris had the right to settle the question for the nations there represented ; and that inasmuch as they and the other nations of the Eastern continent have reason to subject the plague to quarantine restrictions, the States of America yield implicit obedience to that convention.

3. All quarantine regulations, of any place whatever, should bear with equal force against the toleration or propagation of disease as against its introduction ; and authority to prevent the introduction of disease in any place should be equally applicable against its exportation.

4. All quarantinable diseases are chiefly introduced and propagated by the *material* of commerce ; and it is therefore against it that quarantine restrictions should be instituted, and *not* against the *personnel* — excepting, however, persons with no evidence of vaccination, and known to have been exposed to small-pox ; such persons shall be vaccinated as soon as practicable, and detained until the vaccina shall have taken effect ; otherwise, they may be detained fourteen days from the time of the known exposure.

5. The application of quarantine regulations shall be regulated by the official declaration of the constituted sanitary authority at the port of departure where the malady exists. The cessation of these measures shall be determined by a like declaration that the malady has ceased — after, however, the expiration of a fixed delay of thirty days for the plague, fifteen days for yellow fever, and ten days for cholera.

6. It is obligatory on all vessels to have a *BILL OF HEALTH*. This shall consist of two kinds only : a *clean bill* and a *gross bill* ; the first for the attested absence of disease, and the second for the attested presence of disease. The bill shall state the hygienic state of the vessel ; and a vessel in a bad condition, even with a clean bill of health, shall be regarded as a vessel having a gross bill, and shall be submitted to the same regime.

7. The plague, yellow fever, and cholera, being the only maladies that entail general measures, and place in quarantine those places whence they proceed, the restrictions enforced against those diseases shall not be applied to any other suspected or diseased vessel.

8. The power of applying the general principles of this code, and of acceding to its provisions, are expressly reserved to those nations and governments who consent to accept the obligations it imposes ; and all the administrative measures proceeding from it shall be determined by international sanitary regulations, or by a convention of the representatives of the governments which have adopted it.

9. This code shall continue in force and vigor among the governments adopting it for five years ; and it shall be the duty of any party wishing to withdraw from its observance at the end of that time, to officially declare his intention six months before the term expires ; if there be no such notice, the code shall be regarded as in force one year longer ; and thus it shall continue, year after year, with all the governments accepting it, until after due notice — six months before withdrawal.

Appended to the code were the following resolutions. These (with a few verbal amendments) and the report were fully discussed and adopted :

*Resolved*, That this report be referred back to the Committee, with directions to negotiate with our National Government or Department of State, to  
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secure, by convention or otherwise, the national and international adoption of the general principles of the code hereinbefore set forth.

*Resolved*, That a committee of one from each State represented in this Convention be designated by the delegates of the several States, and appointed by the Chairman of the Convention, with power to confer with the Governments of their respective States for the adoption of such a code.

*Resolved*, That the local sanitary authorities of the several States and municipalities in the United States be furnished with a copy of this report, and that they are hereby respectfully requested to carry into effect all its *specific recommendations*, and the general provisions of the code, without waiting for their national and international adoption.

A printed report on Civic Cleanliness was presented by Lieut. Vicle, of New York, as chairman. The report is an able and interesting document, and closes with a memorial for the appointment of a special committee to report on drainage, pavements, supply of water, sewers, wharves, markets, cleaning of streets, and the removal of night-soil, etc.

Dr. Thompson, of Ohio, introduced the subject of milk-sickness, and spoke of the necessity of laws of protection, etc.

Dr. E. Harris, of New York, offered a paper on heat as a disinfectant; a committee of three was appointed to report on the subject.

The Convention reaffirmed the action of the last convention on the non-contagiousness of yellow fever.

The Committee on Dispensaries did not report; neither the Committee on Architecture, Tenement Houses, or the Causes and Control of Miasmata.

The Committee on the Supply of Food, etc., reported progress.

A committee of five was appointed, to be called the Committee on *State Medicine*, whose duty it shall be to report to this Convention such subjects of sanitary reform as are not yet provided for by the standing committees, and also what legislation is necessary for their permanent advancement.

Dr. Hazewell, of New York, offered the following, which was adopted :

*Resolved*, That the Committee on Civic Cleanliness is instructed to report a system of sewerage calculated to arrest the deposits therefrom from exposure to the air upon tidal surfaces, and that they be directed to adapt their recommendations to the different conditions of harbors and rivers having extensive or small tidal volumes.

Committees were appointed on Permanent Organization, Hours

of Labor, Maps for Statistical and Sanitary Purposes, External Hygiene, Civic Cleanliness, Effects of the Climate of the United States, Tenement Houses, and Arrangements for the Ensuing Year.

Various resolutions of thanks were passed for the hospitalities received.

The Convention closed with a grand banquet at the Revere House, when speeches, sentiments, and enlivening cheer ruled the hour.

The Convention will meet next year in your "Queen City." Let the altars of your hospitality be in readiness to receive this body of lay and medical sanitarians. B.

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### Reviews and Notices.

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**A PRACTICAL TREATISE ON THE DISEASES OF THE LUNGS:** including the Principles of Physical Diagnosis. By WALTER HAYLE WALSH, M.D., Fellow of the Royal College of Physicians, Professor of the Principles and Practice of Medicine, and of Clinical Medicine, in University College, London; Physician to University College Hospital; Consulting Physician to the Hospital for Consumption. "*Rerum ipsarum cognitio vera e rebus ipsis.*"—JUL. SCALIGER. A new American from the third revised and much enlarged English edition. Philadelphia: Blanchard & Lea. 1860. Pp. 468.

Those who have read the first and second editions of this book will welcome this, the third one.

The author tells us that he has "carefully revised and much enlarged it;" and, in the main, it may be said to be rewritten. In fact, the description and treatment of several diseases have been greatly enlarged. The book is divided into two parts. Part First is devoted to the physical examination of the lungs and appendages; Part Second, to diseases of the lungs and its appendages.

The description of physical signs is exceedingly clear and well given. We feel prepared, after a careful reading, to say that the student will have a better and clearer understanding of the physical diagnosis of diseases of the lungs, than from any other book in our language. We say this, however, with no prejudice

against the excellent work of Prof. Flint, on the respiratory organs. This part of the book, being written in short sections, impresses one from its language and style that the author had observed, many times, the facts on which he lays down his propositions. We give the following illustration of this remark, and for the additional reason that, during a discussion in a medical society, some time since, we heard a gentleman take opposite ground :

295. "Lastly, in pleuritic effusion, if there be adhesion or agglutination of the pleura, respiration of the diffused blowing type, often sufficiently marked to suggest the idea of hepatization, is more or less extensively audible ; the presence of condensed lung near the surface sufficiently explains its existence. But it is not alone in these cases of adhesion that blowing respiration may attend pleuritic effusion ; it may be present where no adhesion exists, and the effusion is abundant."

In the treatment of the acute inflammations of the lungs and their appendages, our author is not an advocate for large or frequently repeated bleedings. In section 1152, when discussing the treatment of pneumonia, he says : "In the first place, moderate venesection has been numerically proved by MM. Louis and Grisolle, to diminish the mortality and lessen the mean duration of the disease ; and also curtail the duration of its prominent symptoms, both subjective and objective, the pain in the side, the febrile action, the peculiar expectoration, and the physical signs. Whether venesection possesses the power of actually arresting the disease at the very outset, and preventing the occurrence of hepatization, must be held to be yet scientifically undetermined. If, on the one hand, in the immense majority of cases it be vain to push bleeding to extremes, in the hope of producing any such effect, clinical observation has more than once led me to at least strongly surmise that active congestion may be prevented from reaching the exudation stage, by a well-timed abstraction of blood."

Again, he says : "Certainly no cases have of late years presented themselves to me, in London practice, where it seemed necessary or advisable to draw blood oftener than twice ; eight or ten ounces sufficing in the first instance, and some six or eight in the second. Further, in cases of moderate severity, even in the

male adult, abstraction from eight to ten ounces from a vein, as the total quantity, effects all the good to be obtained by general bleeding."

He does not believe that inflammation has changed. "Why has the practice (of bleeding) fallen into disrepute? Is it because, as some affirm, the qualities and type of diseases have changed, and asthenia become the dominant element? Obviously not so; for Broussais, to his latest breath, and Bouillaud and his adherents, and some exceptional practitioners in our metropolis, at the present hour maintain, on the ground of existing qualities and type, that inflammation demands the lancet as pressingly as at any historic period of medicine. Is it because pathology has improved? Not a whit more; they who well nigh drain their patients' veins know the current pathology quite as familiarly, and as constantly refer to that pathology in their support, as they who dread even the application of a leech. No! we are simply in a period of reaction from the excesses of the Sangrado school. We have learned from our predecessors the evils of *over-bleeding*; and seem, in my opinion, very much disposed at the present day to learn from ourselves the evils of *under-bleeding*."

Certain it is, bleeding in congestion and inflammatory diseases, in the West and South, is not practiced to the extent it was twenty years ago. Whether it is owing to change of type, or to the fact that we in the United States, like our English brethren, "have learned the evils of *over-bleeding*," as our author states, we will not pretend at present to say. We have our theory on the matter.

Tartarized antimony holds the next place to bleeding, in the treatment of pneumonia. Indeed, he tells us that if he was "forced to surrender either, — on the one hand venesection, or, on the other, cupping and tartarized antimony, — I (he) should not hesitate to relinquish the former." He thinks we know nothing as to its mode of action in curing pneumonia; but that it does so we have abundant proofs. He says: "There is no available evidence to show positively whether the effects of antimony on pneumonia are more marked when the mineral is, as is technically said, *tolerated* perfectly or imperfectly, or when it is not tolerated at all. The question could obviously only be decided by a numerical comparison; and the number of cases in which complete tolerance is observed (that is, total absence of effects on the stomach



and bowels,) is relatively very small. Improvement often takes place within eight or ten hours after the medicine has been commenced with, and without any notable effect on the alimentary canal being noticeable; whereas recovery also ensues when it acts freely both as an emetic and purgative. Hence it is more as a result of prejudice (for what but prejudices are even plausible *a priori* theories?) than of logical deduction from experience, that, in imitation of Rasori and Laennec, I prescribe antimony in such manner and combinations as are most likely to prevent its disturbing the stomach."

Of the truth of this language we can bear evidence. It is a very difficult thing to get the *tolerating point* of antimony. For some years we have given the antimony as the author directs: at first, give "half a grain, for the first three or four hours, combined with dilute hydrocyanic acid, paregoric, and tinct. of orange-peel, and then the dose is increased to one grain every two hours." The quantity may be raised to two grains, in the course of twelve hours.

In regard to mercurials, the author lays down some doctrine which should be remembered and practiced by every physician. He says: "Mercurials appear to me to be desirable in those cases of pneumonia only where, from some cause or other, antimony is inadmissible." He believes that we have no scientific demonstration that calomel is a more valuable medicine, in the stage of red hepatization, than antimony.

There are many physicians who believe that a case of pneumonia can not be treated without mercury. This class not only maltreat their patients, but damage the science and the art. The fact is, there are few cases of this disease which, if seen early, demand any mercury, even though the stage of hepatization may be complete.

Our author has not heard or read anything of Norwood's tinct. of *verat. viride*, in the treatment of pneumonia, as he omits all mention of it. We think it a most valuable remedy in the management of this disease, and have witnessed its powerful and beneficial effects in many cases. It is the great remedy in cases where there is a doubt as to bleeding, and with those persons who do not bear antimony well. We need scarcely say that it is the remedy for the first stage.

The author gives the weight of his clinical observation in favor

of cod-liver oil, in the treatment of phthisis. The following are some of his conclusions as to its effect: 1. "That it more rapidly and effectually induces improvement in the general and local symptoms than any other known agent; 2. That its power of *curing* the disease is undetermined — I mean here by curing the disease, its power of causing, along with suspension of progress, such change in the organism generally as shall render the lungs less prone to subsequent outbreak of tubercles, than after suspension occurring under other agencies; 3. That the mean amount of permanency of the good effects of the oil is undetermined."

We have not room for further extracts from the conclusions, and must refer our readers to the book. In cases where the oil can not be taken, he strongly recommends glycerine; it increases weight, especially in childhood. He passes the hypophosphites by with a simple notice.

In an appendix, the author discusses the effects of "change of climate" on the course of phthisis; and among the many places named, and their advantages, we do not find any mention of several places in Florida. There can be little doubt of the fact that Florida presents points as favorable for consumption as any place in the world. We can not, however, enter into details, as our space forbids. There are many points in this excellent book which we would gladly have noticed, but must conclude by giving it a warm endorsement.

For sale by Rickey, Mallory & Co., at \$2.00.

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ON THE DISEASES, INJURIES, AND MALFORMATIONS OF THE RECTUM AND ANUS: with Remarks on Habitual Constipation. By T. J. ASHTON, Surgeon to the Blenheim Dispensary, etc., etc., etc. From the third and enlarged English edition; with illustrations. Philadelphia: Blanchard & Lea. 1860.

This is a new edition of a very excellent work. It has already received the very favorable consideration of the profession, especially in England; and this new and enlarged edition will commend itself to all such as desire reliable information upon the important affections treated.

The twenty chapters of the book discuss in regular order the following topics: Irritation; Inflammation and Excoriation of the Anus; Excrescences of the Anal Region; Contraction; Fis-

sure; Neuralgia of the Anus; Inflammation; Ulceration of the Rectum; Hæmorrhoidal Affections; Prolapsus of the Rectum; Fistula in Ano; Polypi of the Rectum; Stricture; Malignant Diseases; Injuries; Foreign Bodies; Malformations; Habitual Constipation.

Every general practitioner is constantly liable to be called to treat these affections and injuries; and it is highly important, both for his credit and comfort, that he be able to take them in hand with such resources at command as will ensure the best success. Many of these affections are obstinate and unmanageable at best; but we think this little book of Mr. Ashton's points out the best modes of treatment with clearness and brevity.

A large number of cases illustrate the diseases treated in the various chapters; and these add materially to the interest and value of the work. The concluding chapter on Habitual Constipation is a very important one, as every practitioner will at once recognize; for we have scarcely any trouble of such universal prevalence. We can heartily commend this book to the profession.

For sale by Rickey, Mallory & Co. Price \$2.25.

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### Editor's Table.

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*The Hypophosphites.*—It is well known that Dr. J. Francis Churchill, an English physician resident in Paris, put forth the theory that "phthisis is a diathesis, or general disease, depending upon the want or undue waste of the oxydizable phosphorus normally existing in the animal economy;" and, therefore, recommended the hypophosphites of soda and lime as specifics for the disease. He claims that he succeeded in curing the disease, not only symptomatically, but in removing altogether its physical signs, "in 22.3 per 100 of cases in the second and third stages." No physician of any eminence has as yet reported the same success or percentage; and we doubt much if they ever will. There is no doubt that the hypophosphites will prove beneficial, and, it may be, curative in some cases. They are being tried very extensively in our country, but time enough has not elapsed to have

any reliable statistics. It is only by the numerical system that their effects are to be judged. We, however, believe that they will produce more absolute injury than good, from their indiscriminate use, not only by the profession, but by the public.

It is well known, we presume, that they are contra-indicated in all cases of phthisis, when any inflammatory state complicates it. Every good physician is well aware of the frequent occurrence of bronchitis, pleurisy, and pneumonia, during the progress of phthisis; and if these remedies are taken during these complications, the disease is aggravated and the patient made worse.

Our attention has been called to this matter from seeing the empirical advertisements of one J. Winchester, who professes to be the only person in the country who prepares the hypophosphites according to Churchill's formula. This fellow, Winchester, judged by his advertisements, is a humbug of the first water, and deserves the reprobation of the decent portion of the profession. He claims, as we have already said, to be the *only* person who manufactures the hypophosphites. Now, every physician and pharmacist knows that there is no more difficulty in making these medicines than many others; and that the claim of Winchester is an impudent piece of assumption, and a foolish attempt to delude the thoughtless. He has issued a large quarto sheet, for general circulation with the public, containing false and garbled statements from several medical writers on phthisis, disparaging alcoholic stimulants and cod-liver oil, and lauding the hypophosphites. Like all charlatans, he gives the usual number of letters certifying to wonderful cures, from obscure editors of village papers, from nervous women, and from a number of physicians who have tried the remedies on a *few* persons. He has a chemist's certificate, too; and from no less a person than "J. R. Chilton, M.D., chemist," stating that Winchester manufactures hypophosphites "chemically pure." It seems to us that if J. R. Chilton, M.D., would be a little more reserved in giving certificates, his reputation and fame would be greater.

Let our readers remember that we have no objection to Winchester employing some good chemist and pharmacist to manufacture the hypophosphites; but we do not intend to let our brethren remain in ignorance concerning the ways and means he takes to advertise himself before the public. His circular ("third edition, revised,") is calculated to deceive the public, and is

filled with statements, to say the least of them, which have not been proved.

In the West we have gentlemen of acknowledged reputation by profession, who manufacture the hypophosphites as *pure* as Winchester does. We need only name Prof. J. Lawrence Smith, Professor of Chemistry in the University of Louisville, and W. J. M. Gordon & Bro., of this city. In the East, too, Messrs. Powers & Weightman, and Rosengarten, professional chemists, also make an article as good, if not better, than this man Winchester does.

We hope our readers will not patronize Winchester, for he has poached on our domain, and therefore deserves no consideration. We wish that we had space to give a few extracts from his circular. We are tired and disgusted with such persons. The hypophosphites should never be taken except by the orders of a physician thoroughly acquainted with physical diagnosis. It will be necessary for a patient to omit their use whenever pleuritic, pneumonic, or bronchitic inflammation make their appearance. Yet in the face of all this, Winchester sends his circular to all, inviting them to take the hypophosphites. Winchester is a mere speculator, and desires at all hazards to make money. We have no objections to chemists manufacturing articles and advertising them in a legitimate way, and through the medical journals; but when it comes to such advertisements and circulars as this Winchester puts forth, we do not intend to be silent.

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*Dr. S. C. Cooper, of San Francisco, and his left-handed Friends.*

Some anonymous correspondent forwards us from California two newspapers: one of date 1854 contains a somewhat fulsome editorial notice of Dr. Cooper, then just about seeking his new home in San Francisco (if the Doctor was accessory to this notice; he did a very foolish and unprofessional thing — if it was the kindness of some editorial acquaintance, he was the very unfortunate recipient of a mistaken kindness); the other is a fresh copy of the *Golden Era*, and contains a rather common-place sketch, purporting to be the *confessions* of a surgeon who has gained fame at the expense of the death of his patient, when the operation (Cæsarean section) was obviously improper; and who still performs his bloody occupation with this night-mare load of remorse on his conscience. Penciled on the margin of the latter newspa-

per is a denunciation of Dr. Cooper, which, though brief, seems to embrace most of the epithets that are to be culled from the "new pictorial edition" of Webster; as well as a fair proportion selected from that old but well known authority—Billingsgate; finally making the agreeable and consoling suggestion that "*the knife of the assassin should and probably will be his doom!*" Now, we have enough to do to keep our own little troubles nicely trimmed up, without making a journey (journalistic journey) to San Francisco; at any rate, we can't afford to go beyond the personal affairs of more than this eastern half of the continent; but it does appear to us (*not* being familiar with California ways, and California medical politics,) — it does seem to us that the course pursued by our anonymous correspondent savors quite as much of the "infamous," and exhibits much the same "mental and moral," if not "physical deformity," as pertains to that cowardly assassin whose knife is to strike down Dr. Cooper, some dark night, on the streets of San Francisco.

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*The Case of Dr. Ignatius Langer.*—Dr. J. W. Hadlock, of Princeton, Indiana, writes us that he is "a constant reader" of our journal, "as well as an ardent admirer," and submits sundry inquiries concerning the merits of the case of Dr. Langer, who was expelled some months ago from the Scott County (Iowa) Medical Society. Dr. Hadlock refers to the editorial allusion to this matter, contained in the April (1860) number of the *Lancet and Observer*, and seems to think the "offence" for which Dr. Langer is expelled is not sufficiently defined. He wishes to know the particular ethical point involved, so that, as a young practitioner, he may keep within the proper bounds of decency and propriety, in his professional intercourse.

We can not think it profitable to open up the discussion of this question in our journal; we refer Dr. H., however, to the first announcement of this matter, in the December number of the *Lancet and Observer*, from which we quote the following paragraph, which we suppose Dr. H. has either not seen or overlooked:

"The charge upon which Dr. Langer was expelled from the Scott County Medical Society was, briefly, 'making, and repeating from day to day, certain unwarrantable examinations and

manipulations of a pregnant female, previous to the time of labor, with the pretended object of discovery and correcting a mal-position of the fœtus in utero; and of publicly proclaiming the object and intention of his repeated visits to said patient.' Supplementary to this general charge seems to have grown up certain additional charges, being essentially a disregard of the expressed ethical wishes and opinions of the members of the Society."

We only add to this, that while we admit the possibility, we can scarcely conceive of the probability of a man being expelled from any respectable association, by anything like a cordial or unanimous vote, who is simply a victim of professional pique and persecution. We take it as very strong *prima facie* evidence against the professional *morale* of any physician, when the great body of his respectable neighbors in the profession decide against him.

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*The Warrick County (Indiana) Medical Society.*—Our esteemed friend Dr. Casselberry, of Evansville, has sent us a copy of the proceedings of a meeting held in Boonville, Ind., from which we learn that a number of physicians of Warrick County, Ind., met at Boonville, June 18th, for the purpose of organizing a county medical society. Proper committees were appointed to report a form of constitution and by-laws for the consideration of a subsequent meeting; a judicious fee-bill was adopted, and the following officers elected for the ensuing year: Dr. J. R. Tilman, President; Dr. W. L. Barker, Vice President; Dr. C. J. Keegan, Secretary; and Dr. W. B. Carey, Treasurer. This is a move in the right direction. We trust we shall hear more of our Warrick County friends.

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*"Dr. Fisher's Case."*—In the present number of this journal we continue the publication of the series of articles constituting the deposition of Prof. Delamater in the Fisher case. When complete, Dr. Delamater's articles will constitute a valuable monograph on the whole subject, as he has gone into its discussion with great care and elaboration. As this series was commenced in the previous volume of the *Cleveland Medical Gazette*, we publish in the form of an extra or supplement, all the preceding matter, and send out with this issue to the subscribers of the *Lancet and Observer*.

*Dr. Hartmann's résumé* of Diphtheritis in the present number is somewhat lengthy, but will repay perusal as a full review of the whole subject.

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*New York Medical Press.*—The last number of the *Medical Press* completes its third volume, and announces the suspension of publication. It becomes swallowed up in the *American Med. Times*.

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*Expulsion.*—We have received some resolutions from a medical society in Indiana, declaring some fellow-member unworthy of professional fellowship; but we have unfortunately lost the communication, and can not remember the name of the society, or the member expelled. If a new copy of the proceedings is forwarded us, we will try and be more careful.

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*Acknowledgment to the Philadelphia Reporter.*—Our friends of the *Reporter* very properly take us to task for using their report of the proceedings of the American Medical Association. We think our *Reporter* neighbors, as well as all others, will bear us witness that it is very rare that we make such wholesale stealing without any acknowledgment; in this case it was an inadvertence that we had already observed and regretted before the chiding reached us.

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*A Hit at Heroic Doses.*—Dr. Oliver Wendell Holmes, who seems to understand physic as well as he does poetry, at a recent meeting of the Massachusetts Medical Society uttered this sarcasm on the American greed for medicine:—"How could a people, who have a revolution once in four years, who have contrived the bowie-knife and the revolver, who have chewed the juice out all the superlatives in the language in Fourth of July orations, and so used up its epithets in the rhetoric of abuse, that it takes two great quarto dictionaries to supply the demand; which insists in sending out yachts and horses and boys, to outsail, outrun, outfight and checkmate all the rest of creation—how could such a people be content with anything but heroic practice? What wonder that the stars and stripes wave over doses of ninety grains of sulphate of quinine, and that the American eagle screams with delight to see the three drachms of calomel given at a single mouthful?"



— By an oversight on the part of the editor of the *Cleveland Medical Gazette*, one of us was announced on the cover of that journal as Professor of Theory and Practice of Medicine in the Medical College of Ohio. We need only say it was a mistake of our friend, the editor of that journal.

— We have received the "Annual Circular of the Trustees and Faculty of the Medical College of the State of South Carolina, with a catalogue of the students and list of the graduates, for the session of 1859-60." From it we learn that there were two hundred and forty-eight students in attendance during the session, of whom one hundred and fifteen received the degree of Doctor of Medicine. This old and respectable school is certainly in a flourishing condition.

MESSERS. EDITORS:—Being appointed a committee of one on the progress of obstetrics, at the last session of the Indiana State Medical Society, I hope you will permit me to solicit information on the following subjects of the many readers of your journal: The number of Abortions; Deaths; Twins; Still-born; Death of mother during labor; Hæmorrhage before, during, or after labor; Eclampsia—its pathology and treatment; Rupture of Uterus; Instrumental labors; Mal-presentations and nature of; Number born, and sex; Puerperal Fever—its pathology and treatment; Nursing sore mouth—pathology and treatment.

I hope all physicians, into whose hands this may come, will please favor me with a reply to the above interrogatories, in connection with all other matters of importance in relation to the science and practice of obstetrics, by the first of March, 1861.

Address

A. HEAVENRIDGE, Stilesville, Indiana.

NEW PUBLICATIONS RECEIVED.—A Practical Treatise on the Diseases of the Lungs, by Walter H. Walshe, M.D.; from Blanchard & Lea.

On the Diseases, etc., of the Rectum, by T. J. Ashton; from Blanchard & Lea.

Medical Uses of Electricity, by Alfred C. Garratt, M.D.; from Ticknor & Fields, of Boston.

Forbes Winslow on Diseases of the Brain and Mind; from Blanchard & Lea.

Paine's Institutes of Medicine—a new edition; from Harper & Bros.

We notice some of these new books more fully in the proper place in this number; we shall give early attention to the others.

Several interesting pamphlets have also found their way to our table: as the address recently delivered before the Massachusetts Society, by O. W. Holmes, M.D.; also the annual catalogues and announcements of various medical schools.

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### Obitnal Record.

DIED, in Covington, Ky., June 30th, J. C. SYMMES MOORE, M.D., aged 38 years.

Our friend graduated in the Medical College of Ohio in 1845. He served as Assistant Resident Physician in the Commercial Hospital of this city during the year 1845, and part of 1846–7–8. He attempted to practice after leaving the hospital, but was rendered unfit for it by physical infirmity. He was a genial, generous gentleman, and will be long remembered by his friends.

DIED, in Brooklyn, New York, June 16th, CHAS. E. ISAACS, M.D. The disease which carried him off was pluenro-pneumonia. There are few of our readers who have kept themselves informed in American medical literature, who do not know Dr. Isaacs. His papers on the minute anatomy of the kidney and the pleura are classical, and have received the highest encomiums from anatomists and physiologists abroad as well as at home. For several years, Dr. Isaacs was Assistant Surgeon in the regular army, where he occupied a very high position. He resigned in 1846, and became Demonstrator of Anatomy in the College of Physicians and Surgeons, and subsequently in the University Medical College. We formed his acquaintance on board the Steamship Humboldt, in the year 1853. He was then acting as surgeon to that ship. His genial manners, his fund of wit, and the intimate knowledge of his profession, won our admiration and friendship. Dr. Isaacs was a man whose like is not to be found every day. He was certainly a gentleman, scholar and physician.

The editors of the *American Medical Times* say of him: "Like many men of genius, for a long time moneyed success was not his. And it really seems doubly hard that when at length he had, in a measure, attained pecuniary ease and worldly comfort, he should be so suddenly taken away. He studied and worked for the love of Science—personal ambition and selfishness had scarcely a trace in his composition. In conversation with a medical friend respecting the studies and objects of medical

life, he calmly remarked, 'I am anxious to live, but I would like to do some good to my fellow men. God's will be done! He is good, and more wonderful than all we have learned here!'"

M. LENOIR, the distinguished Surgeon of the Necker Hospital of Paris, died June 18th. He had been an invalid for the last fourteen years, but continued to work.

He was born at Meaux in 1802. He began the study of medicine, and came to Paris. After repeated efforts, he gained the place of *Interne* in Hotel-Dieu in 1828, and afterwards in Midi and Beaujon. As an *agrégé* he filled for several years the places of Cloquet and Sanson, and proved himself to be a man of great ability as a teacher and operator. He also filled the place of Moreau, and gave a course to the *Sages-femmes*. As a result, he published a remarkable work on obstetrics. During all his great sufferings for so many years, he never gave up, but continued to render service at Necker, "where he has left so many souvenirs, and where he twice took part in a *concours* for the place of operative surgery."

He was one of the founders of the Anatomical and Surgical Societies, and continued his interest in them to the last.

Marjolin, who delivered the eulogy over his grave, uses the following language of him: "I do not wish to dwell any longer on the scientific attainments of Lenoir, but I can not insist too much on the frankness and loyalty of his character. To a fine and cultivated mind, he joined a veritable passion for truth and justice. He loved his art the more, believing that to cultivate it with success, it is necessary to have sincere convictions founded on experience."

DR. JOHN LIZARS, one of the most distinguished surgeons of Scotland, died May 21st.

RETZIUS, Professor of Anatomy and Physiology in the Royal Caroline Institute of Stockholm, died on the 18th of April, in the sixty-fourth year of his age. A fine Lecturer, of large scientific attainments, his loss to the medical world is great.

DR. GEO. J. SACSCHÉ died in Columbus in July. He was an old practitioner, and highly respected both in and out of his profession.

DAYTON, July 17.—Dr. JOB HAINES, an early settler of Dayton, and one of its most respectable physicians, was found dead in his room this morning. It is supposed his death was caused by disease of the heart. Obituary notice next month.

DR. ROBERT B. MILLIKIN died recently at his residence in the city of Hamilton, in this State.

Dr. Milliken was one of the oldest physicians of Butler County. He is amongst our earliest recollections of medical men, and for many years he occupied a prominent position amongst the respected citizens of Hamilton.

THE  
CINCINNATI LANCET AND OBSERVER.

CONDUCTED BY

R. B. STEVENS, M.D., J. A. MURPHY, M.D., AND G. C. E. WEBER, M.D.

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**Original Communications.**

ARTICLE I.—*The Physiology and Pathology of the Spleen.* By  
DAVID HUTCHISON, M.D., Mooresville, Indiana.

[Read before the Hendricks County (Indiana) Medical Society.]

The discoveries that have recently been made in reference to the physiology and pathology of the ductless glands exhibit in no small degree the progress of medical science at the present time. Of these the spleen has demanded no small share of attention. Its physiology and pathology is a subject of great interest, especially to those of us who practice in malarial districts, who have frequently to treat malarial fevers, in which this organ becomes to a greater or less extent involved. Questions of intense interest and great intricacy are involved in this subject, and it can hardly be expected that everything pertaining to the physiology and pathology of the spleen will be adduced at the present time. It is our aim to only give a brief résumé of what is best known in reference to its functions, and likewise of the pathological condition it assumes in malarial fevers,—in other words, we wish to examine into the connection that exists between malaria and disease of the spleen; and, lastly, the rational mode of treating this splenic affection by quinine and the salts of iron.

As you are all familiar with the anatomy of the spleen, it is therefore unnecessary to detain you with an account of it. You

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know that it is composed of a capsule, trabecular tissue, spleen pulp, and parenchyma, arteries, veins, nerves, and lymphatics.

The capsule is composed of white fibrous tissue, and is very distensible. It not only envelopes the whole of the organ, but likewise dips down into its interior and envelopes the vessels which are composed of similar structure to that of the capsule. The trabeculæ are likewise composed of white fibrous tissue, and form a mesh-work, which enclose the pulpy tissue of the spleen.

The spleen pulp is composed of colorless cells, containing masses of coloring matter, free colored particles, granular matter and blood corpuscles. The red color of the spleen is owing to the presence of a great number of blood globules and colored corpuscles. The blood globules are smaller than in other situations, their outline indistinct, corrugated or shrunken, and their walls in some places collapsed. Their outline is irregular and angular, and in many instances corpuscles are seen breaking up into small, irregular masses of red coloring matter.

Koelliker entertains the view that the red corpuscles undergo disintegration in the spleen. Other physiologists take the opposite view, that they are formed in the spleen. Virchow and Dr. Hughes Bennett regard the spleen as a blood-forming organ. Carpenter regards it as not only a diverticulum or reservoir for the blood in the portal circulation—for which it seems to be well adapted, by the quantity of fibrous matter in its capsule and trabeculæ, rendering it very distensible,—but he likewise adopts the views of Koelliker, that in the spleen the red corpuscles undergo solution, and that these dissolved blood corpuscles become subservient to the formation of bile; and also that the small nucleated cells of the malpighian bodies become subservient to the formation of fibrin,—and therefore the spleen may be regarded as contributing with the glandulæ of the absorbent system to the elaboration of the plastic material or element of the blood. In confirmation of this view, he adduces the fact that in some instances in which the spleen has been extirpated the neighboring lymphatic glands become so enlarged and clustered together as to nearly equal the original volume of spleen.

We believe the view of Koelliker is becoming the one most generally received, that the colorless blood globules are formed in the spleen, and that partly in the spleen itself, partly in the liver

and partly in the blood are transferred into red globules. The most certain proofs of the truth of Koelliker's views are found in the facts that the blood of the splenic veins contains in every 100 globules 83 of an altered shape, while blood from the limbs contains only 40 in the 100.

Mr. Gray regards the spleen as regulating both the quantity and quality of the blood.

Hence we begin as it were to see the importance of this organ in the process of sanguification ; and it is a very remarkable circumstance that only a few years ago the ductless glands were regarded as without any function of any vital importance. And now it is quite probable it may yet be discovered that they are the most important glands in all the system.

The distensible character of the spleen is well exemplified during a paroxysm of intermittent fever. There is no organ in all the body that admits of as much distension with as little impunity to its organization as this. We have frequently seen it fill half of the abdomen, after a few paroxysms of the fever. Enlargement of the spleen sometimes comes on very rapidly, and sometimes as rapidly disappears, one paroxysm of intermittent fever being sufficient to produce enlargement of this organ. This condition of the spleen is followed by blood deterioration, and a train of cachectic symptoms, which we do not see in any other disease. A question arises, whether this blood deterioration is a cause or a consequence of the splenic engorgement. The influence of malaria upon the blood is to break down the red corpuscles. Congestion of the spleen likewise deteriorates the blood, for the congested blood is partly again carried into the general circulation in a spoiled, broken-down condition, and has there been found in the mass of the general circulation in the shape of large granular globules ; hence an anæmic condition is brought about. We are all familiar with the fact that a few paroxysms of intermittent fever completely blanches a patient. No other disease produces the same effect in as short a period of time as this, and this blanching process goes on, even if there be no visible enlargement of the spleen. We think it quite probable that in all cases of intermittents the spleen suffers to a greater or less extent. During the cold stage of an intermittent the blood rushes in upon the internal organs, and on account of the very distensible char-

acter of the spleen a great amount of blood is forced into it. It is certainly a most beautiful provision of nature, for our safety, in furnishing us with an organ that acts as a safety-valve to the circulation, when driven from its accustomed channels during a paroxysm of intermittent fever. Imagine this organ attaining the immense size of thirty-two pounds in a case of seventeen years' duration, as related by Abercrombie on the authority of Lieutad. Had this blood been thrown on any other of the internal organs, it is easy to infer the consequences.

We have had read to this society a very interesting paper telling us what malaria is. At present we have to do with its effects on the system. We know something of its effects, and have observed a connection between it and the spleen. This splenic engorgement we partly regard as the result of the congestion that ensues during a paroxysm of intermittent fever. The characteristic anæmia is the result of the combined influence of malaria on the blood, and from the altered blood in the spleen—altered by stagnation,—being partly carried up into the general mass of the blood in the form of large granular globules, deteriorating its quality. The anæmia is not so well marked in remittent as in intermittent fever. In remittents there is usually but one cold stage at the invasion, and therefore less splenic engorgement. The spleen usually remains enlarged some time after intermittents, and an individual that has had intermittent fever can be pointed out for some years afterwards, by the size of the spleen, although it may require very accurate percussion to detect it; and I believe that the existence of malaria in a locality can be told by the examination of the spleens of the inhabitants in that locality. An inquiry of this kind was instituted some years ago by Dr. Dempster and Mayor Baker, in the Bengal Presidency in India (*Brit. and For. Med.-Chir. Rev.*, vol. xix., p. 353). In that country the natives regard any sanitary research with suspicion, and use all efforts to conceal facts and mislead an inquirer. The object of the inquiry was to ascertain whether the canal that unites the Ganges and the Jumna was the cause of an increase of disease. They examined the irrigated and the unirrigated districts on both banks of the canal. The examination was conducted especially to make disease of the spleen a test of the presence of malaria. During the course of this inquiry they traveled fourteen hundred miles,

and examined twelve hundred individuals, of all ages. They generally selected out of the population in each place twenty children and twenty adults, at random,—those that were avowedly diseased were not examined, when others could be obtained. The result of this examination was, that within half of a mile of the river or canal the greatest number of previous fever cases had occurred, and likewise the greatest number of enlarged spleens. Two years after this examination a great deal of fever prevailed in the upper provinces of the Bengal Presidency. It became of importance to ascertain its real nature,—whether it was an epidemic, or arose from atmospheric influences. Some thought it contagious; but an ulla (the Korrum) had overflowed its banks, and Dr. Dempster determined to apply his spleen test for malarious fever. He began his examinations nine miles from the ulla. Those in health (the bystanders) were examined just as they came to hand. There was no case of spleen disease till they came to a village three miles from the ulla, where they found sixty per cent. had spleen disease. On reaching the ulla, where they had suffered the most from fever, eighty per cent. had spleen disease. In the village, where sixty per cent. of spleen disease was found, they died from fever in three days; on the ulla, where the percentage amounted to eighty, they died in twenty-four hours, during the cold stage of the fever. These are certainly very striking instances of the connection that exists between malarial fever and disease of the spleen. In the early settling of this country, we frequently found enlarged spleen connected with intermittents. Cases of this kind are now probably less frequent, but yet they are more frequent than is generally supposed. Whenever an ague frequently recurs, it is best to suspect splenic disease, and examine very carefully, by percussion; for the disease is very frequently overlooked by otherwise good practitioners. Cases occur in which the cold stage is very imperfect, and without an examination of the spleen by percussion, will go undetected, and the disease, left to itself, will generally end in organic disease and permanent hypertrophy of the organ, which sometimes attains to a great bulk. Patients will frequently go about in this condition, and may seem to enjoy a moderate degree of health, but on close inspection there is bodily and mental languor, a peculiar bluish tinge of the conjunctiva, and a peculiar anæmic condition of the whole system, especially manifest on the application of the stetho-



soope to the carotids, where the *bruit de soufflet* is very discoverable, pointing out a diminution of the red blood corpuscles. The skin is likewise of a peculiar sallow, dusky, earthy color. The blood is deficient in fibrin and red corpuscles. There is a general blanching of the whole system, and although the appetite may be good and even voracious, yet there is imperfect assimilation, and albuminuria frequently exists. When a tendency to dropsy is present, the patient has usually slow, imperfect fevers, oppressed respiration, pants on the slightest exertion, lacks bodily and mental exertion, and suffers from cold extremities. I saw in the Commercial Hospital, at Cincinnati, in 1836, two patients from the West Indies, with all of the foregoing symptoms. They had hypertrophied spleen, blood impoverishment, and the *bruit de soufflet* in an eminent degree. They improved under the treatment prescribed for them by the venerable Eberle.

As before intimated, it is a question of much interest whether the blood impoverishment is a cause or a consequence of the spleen disease. We have already alluded to the consequences of splenic congestion that occurs in intermittent fever, and the subsequent effects of that congestion on the blood. Other reasons, however, equally weighty, lead us to infer that the changes effected in the blood through the influence of malaria may be the cause of the spleen disease. We are apprised of the fact that the influence of malaria on the organism may produce death, and leave no anatomical change. It is not sufficiently definite to say that it acts through the medium of the nervous system, for how does malaria influence the nervous system but through the medium of the circulation? In disease of the spleen and lymphatic glands the red corpuscles of the blood are diminished and the white increased. Is it not probable that these white blood cells are an earlier development of the healthy blood globules? And if it is the office of the spleen and lymphatic glands to form the normal blood globules, might not the spleen disease be the result of a diseased condition of the newly formed blood globules? We leave these points for your consideration. Analogy, however, seems to favor this last opinion. You have doubtless observed enlargement of the thyroid gland as a consequence of the anæmia that results from repeated pregnancies and lactations in the female. The influence of repeated pregnancies and lactations on the blood of the female, whose physical powers are inadequate to a continuation of that

function, is a diminution of red corpuscles and an increase of fibrin. We also know that bronchocele depends on locality and some specific atmospheric influence for its production. We likewise know that the thyroid is a ductless gland, of similar structure to that of the spleen. Dr. Jones, in his essay on the physical, chemical, physiological and pathological phenomena of malaria, published in the twelfth volume of the Transactions of the American Medical Association, takes the ground that the blood undergoes a very important change in malarial fever. He says that the corpuscles and albumin are more uniformly diminished, whilst the extractive matters of the serum are increased. The destruction of the red blood corpuscles being more uniformly observed and more rapidly accomplished in malarial fever than in any other acute affection. This destruction is accomplished mainly in the liver and spleen. The saline constituents of the blood are likewise diminished in malarial fever. Dr. Jones also found that during malarial fever animal starch accumulates in the liver, whilst at the same time there is an absence of grape sugar. The fibrin is diminished in proportion to the severity of the disease. These changes take place in the blood before the phenomena of fever develop themselves, constituting malarial cachexia. He thinks alterations of the spleen among the first of the pathological effects of the malarial poison ; and previously to the development of the phenomena constituting the febrile paroxysm. The alterations consist chiefly in the engorgement of the spleen with blood, the softening of its texture, and the rupture in many places of its trabeculæ.

Regarding the views of Dr. Jones of great interest, and the result of well directed observation, we are inclined to regard disease of the spleen as a consequence of the influence of the fever poison upon the red corpuscles of the blood, interrupting the function of the spleen in its action on the blood, and through this poisoned blood perverting the functions of the nervous system ; hence irregularity of the circulation ensues, a febrile paroxysm is induced, and engorgement of the spleen is the consequence.

Having thus stated as briefly as possible the latest views on this subject, we will now take up our last point, viz., the treatment of this form of splenic disease. Quinine and iron have been found to be the remedies available in this affection, which

comports well with the view that the disease depends on a blood change, produced by the malaria, a want of development of the red corpuscles. Quinine not only prevents the recurrence of the febrile paroxysm that accompanies disease of this character, and consequently restores regularity of the circulation by preventing congestion, but likewise improves the quality of the blood, by promoting cell development, and through this molecular development imparting tone and vigor to the nervous system.

What malaria is, and how it operates on the system, we do not pretend to say — whether it first makes its impression on the nerves, the tissues of the various organs, or the blood ; but this much we do know, that in fever of this character there is a blood change, and that quinine is the remedy for it. And certainly there is no inconsistency in believing that it may act by restoring a principle to the blood, as that of taurine, or by neutralizing some principle in the blood, or by a special impression upon the nervous system preventing the influence of malaria, developing those abnormal effects with which experience has made us all familiar.

You are all familiar with the views of Piorry, that quinine operates specifically upon the spleen. We have never seen such rapid effects as Piorry points out, but we have never been disappointed in its influence in reducing the bulk of the spleen. Some think that quinine acts by preventing the passage of uric acid out of the system. Scherer, an eminent chemist, has found a certain proportion of uric acid in the spleen, and hence attempts to account for the influence of quinine on the spleen. We believe that it acts primarily on the blood ; that it is absorbed into the blood, is proven by the researches of Henry, Lannaux, Hollin, and others. It has been proven to increase the quantity of fibrine in the blood ; and it is a well known fact that under its influence anæmia speedily disappears.

We also know that the salts of iron has a special influence on the blood ; that it acts as a stimulant to cell growth, and rapidly increases the red blood corpuscles ; hence it is an exceedingly valuable remedy in splenic cachexia. Observation has taught me that it requires the combined action of quinine and iron to effect a cure in splenic cachexia. And although it may not be exactly understood how quinine acts in intermittent fevers, and in enlarge-

ment of the spleen, yet we clearly understand how iron acts—at least we think so. Can any one tell me how it acts in neuralgia? With what principle does it supply the blood, in relieving the intense pain of that disease? We know that iron enters into the composition of the blood, forms the hæmatine, and is the coloring matter of the red corpuscles; hence it cures anæmia by increasing the red corpuscles. And does not this action of iron comport with the views adduced in this paper, as to pathology of the spleen disease, that a change in the blood is anterior to the change in the spleen? Iron and quinine both act on the principle of hæmatic restoratives in this affection. For the cure of the splenic cachexia, there is no remedy equal to iron; and we have found the proto-carbonate (Valet's mass) the best of all preparations, being easily absorbed into the circulation.

Other remedies besides those of quinine become necessary, when there is portal torpidity. We have found an active cathartic, occasionally used, of much value.

We have derived no benefit from blisters and counter-irritants over the region of the spleen, and think them counter-indicated in the splenic cachexia.

#### *Recapitulation of the Views Advanced.*

1. The spleen serves as a diverticulum or reservoir for the blood, and thus regulates the quantity of the blood in the circulation.

2. The spleen performs a very important office in the process of sanguification, either as a blood-disintegrating or as a blood-forming organ. We leave this as an open question.

3. Malaria acts on the blood, breaking down the blood corpuscles, from which results disease of the spleen, and a peculiar anæmic condition of the whole system.

4. The cure of this splenic affection depends on the administration of quinine and iron—especially the latter. These remedies being stimulants of cell growth, which is deficient in splenic cachexia.

I have thus attempted to investigate this deeply intricate and interesting subject. You will notice that on several points my own views are not fully made up. The time that I have had has not been sufficient to do justice to a subject that required so much

research ; and as I have advanced in the investigation, the subject only seems to begin to develop itself ; and I begin to feel the importance of thoroughly searching into the influence of malaria on the human system. The word *system* is not sufficiently definite to express my meaning—permit me to say the blood, and through the blood every tissue in the organism.

However much I have fallen short of accomplishing what might have been expected, and however much I may have failed to instruct any of you by this paper, yet I can not help saying that the inquiry has been an interesting one ; and I have derived both pleasure and profit by the research. And I hope to be still further profited from the remarks that the discussion of this topic may elicit by the Society.

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ART. II.—*Dr. Fisher's Case.* By JOHN DELAMATER, M.D., Professor of General Pathology, Midwifery, etc., in Western Reserve College, Cleveland, Ohio.

There can be no doubt, I believe, that the membranes and delicate framework last alluded to, must vary considerably in different instances, in their power of mechanical resistance ; in some cases being more lax, and in others more resisting ; and consequently that the uterus, during the processes of the changes of which I have last been speaking, notwithstanding the softness and nearly non-vitalized condition of the great bulk of its substances, will nevertheless vary considerably in its volume, and in its pliability, as well as in the state of its cavity, and of the canal of its neck ; and that such variations exert more or less influence in modifying the character of the diseases and accidents which are incident to the puerperal state.

Such variations of the physical conditions are common to all the structures and organs of the human body ; although from the naturally peculiar tendency of the womb to assume great changes readily, as I shall illustrate further on, as well as from the nature of its peculiar functions, subjecting it to more frequent causes of irritation, such variations are more marked and frequent in this organ than in any of the other organs, and hence the proper physical state of the womb, in the circumstances above named, though

partly due to constitutional causes, are partly also owing to the peculiar nature of the organ, together with its liability to frequent and various local causes of disturbance, acting directly upon the uterus itself.

It is interesting to notice, in this connection, that what was declared by Boivin and Duges, in 1834, simply as an observed fact, without special theory or explanation, in reference to the non-resisting condition of the womb to any physical force impressed upon it during the greater part of the first two months after parturition, has been rigorously confirmed by the researches to which I have alluded as made within the last seven or eight years, not as a fact, merely, but also as a necessary consequence of the natural changes which constantly attend the organ in its process of involution, or return to the conditions of the non-pregnant state; that is to say, with the confirmation of the facts announced long previously, we have now also ascertained the reasons therefor, as well as the assurance that what had been particularly noticed in reference to the proper physical conditions of the womb in the first few weeks after labor, is in fact its normal and constant state during that period, subject, however, in a few instances to some accidental variations, the frequency and extent of which have not yet been ascertained. I believe it but just to add, that the history of the post-partum involution of the womb, as described above, has been fully verified; it needed only a competent anatomist with a good microscope and skill in its use, with a dozen or two undiseased wombs, in the different periods of the puerperal state, and also a few reviews of the subject by competent and trustworthy individuals, to set the questions in issue at rest forever; all of which, as I am fully persuaded, has really been done, with a result such as I have previously stated it.

And these results are now being received by learned men of different countries — and, indeed, of all countries as far as the subject has secured attention — as settled points in science. It will readily be apparent, upon reflection, that the facts named having been lately conclusively settled, are of a nature that must necessarily modify the hitherto current views which have prevailed in regard to inversions occurring, or first discovered, at least, from the expiration of the first two or three days, through a period of several weeks after the immediately preceding labor; which will

lead to a more consistent and rational account of a number of this class of cases than has hitherto obtained.

The points to which I now more particularly allude, as having been recently established and published, are the following: 1st. That the process of involution, return of uterus after parturition to its non-pregnant conditions, is frequently delayed for several weeks — it may be for several months, or for several years, even; and that the dimensions of the cavity of the organ may, during the periods above named, continue to exceed those of the same organ at the expiration of the fourth month of pregnancy, at which time, as I have shown, inversion has, beyond question or equivocation, taken place. I refer to Skae's case, after an abortion at the expiration of the fourth month of pregnancy, and also to the reference made to this point by Boivin and Duges. 2d. That the state of active contractility of the uterus, as it is usually observed during labor, and for a brief period afterward, does not long continue, but, on the contrary, that it soon passes away. In one of the cases which I have transferred from Prof. Simpson's reports, the womb was so lax and soft, at the expiration of eight days or more after labor, as not to be appreciable to the touch by the most careful examinations made by palpation upon the inferior part of the abdomen, notwithstanding that its volume, as ascertained by the aid of the uterine sound, was still such as to have been readily felt in that situation, had the organ possessed its ordinary firmness at that period. 3d. That from the nature of the process of involution of the womb after labor, the organ necessarily falls into a more and more lax and inactive state, commencing at four to six days after parturition, and continuing until the organ is nearly restored to its non-pregnant conditions; and that at the expiration of three to four weeks after labor, the walls of the organ are of a mere gelatinous mass, adapted to yield and change its form readily, in obedience to any species of physical force impressed upon it. And 4th. That the neck of the organ necessarily participates in the changes which have been described as constantly and naturally occurring in the body; and, furthermore, that the mouth, as well as the neck, frequently remains open and lax for many weeks after parturition. In one of the cases which I have transferred from Prof. Simpson's reports, the state of patency and relaxation of the mouth and

neck, last named, still remained at the expiration of two years after the last accouchement of the lady who was its subject. In this case the womb itself, as a whole, continued to be as much expanded as it is wont to be in the third or fourth month of pregnancy.

It therefore seems to me obvious, that so long as the womb remains, after parturition, of a size as large as the same organ after an abortion at the expiration of the fourth month of pregnancy, it must be constantly liable to become inverted—at least, from the moment that the special active contraction, as during and at the close of labor, begins to relax; and doubtless the organic changes which constantly ensue and begin to be manifest to the eye as early as four to six days after labor, must really commence essentially, though not perceptibly, very soon after labor, working structural changes in the molecular organization, of a nature to begin to annihilate, in many instances, positive contractile power in the organ, from the first few hours after labor. But as the period of possibility of first perceiving this change varies a few days in different cases, it is to be presumed that the imperceptible commencement of the changes must also vary correspondingly; and hence the disappearance of the active contractile power of the womb in those circumstances must also vary in time.

But the walls of the uterus becoming lax and unresisting, as they are now known to do in all cases, as least till the expiration of three or four weeks after labor, the chief obstacle to frequent inversions, especially during the latter half of this period, must arise from the cavity of the organ having become too much diminished to permit indentation or depression of the thick-walled body and fundus, while corresponding changes, usual in the canal of the neck and mouth of this canal, would equally resist the intrusion of the walls of the neck. But so long as the cavity remains in a condition to afford space for anything beyond the slightest depression, which might soon restore itself spontaneously, the organ must be regarded as liable to suffer inversions. And so it must also be in reference to the neck: so long as the canal and mouth of the neck remain much expanded, and the walls of the neck flexible and yielding, notwithstanding that the fundus and body might be in place, mechanical force, as from the



had children, or who were confined for the last time twelve or fifteen years previous to the discovery of the accident, and who had never experienced any inconvenience during that interval."

I understand Puzos to affirm, virtually, in reference to these cases, that there was no discoverable appreciable cause or causes of any kind for the cases of inversion to which he refers, except the excessive obesity under which they all labored might be regarded as an adequate cause. He also means to say, as I imagine, that these inversions had not been productive of any inconveniences to those who carried them. The writer of the article for the *Dictionnaire de Médecine*, above quoted, remarks, in reference to the report of Puzos, as follows: "The memoir of Puzos has not been printed, and is only known by an extract given in the *Mercur de France*, so that one is not able to appreciate the value of the observations which he cites. But in spite of the authority of so great a practitioner, one is not able to admit the action of such a cause. Nothing is so common as to see females who are excessively fat; but it is infinitely rare to observe inversions of the uterus in any other circumstances than those of which I have spoken. One might even doubt the exactitude of his observations, if later observations had not confirmed them, and put beyond doubt this species of inversion. Boyer, in his *Traité des Maladies Chirurgicales*, cites a similar case in a female who had not borne a child for fifteen years, and whose womb did not contain any foreign body." (Boyer meant, of course, that there had been no mechanical cause, which, by distending the womb, had put it in a state to favor its inversion). The author proceeds with Boyer's further description of the case, as follows: "This woman was aged from forty-four to forty-five years, of large stature, and considerably fat, but not excessively so; she had always been regular in her menses, and was the mother of three children; she had never suffered from uterine hæmorrhage, nor from leucorrhœa."

We are further informed by Colombat, in his treatise which I have previously cited, p. 183, that in this case reported by Boyer the inversion was incomplete. On page 353, 30th vol., of the *Dictionnaire de Médecine*, above referred to, there is the narrative of another case of resembling inversion, which was observed by Baudelocque. I translate it as follows: "Baudelocque has observed an

inversion of the womb in a young girl of fifteen years. The existence of the hymen proved that this displacement was not consecutive to a clandestine accouchement. He regarded it as a malformation, not being able to persuade himself that the uterus could become inverted without having been previously distended."

In Dr. West's Lectures on Diseases of Women, previously described, on page 184, we find also an account of two cases of inversion, reported by the late celebrated Les Frank, of Paris, France, which, under the circumstances, it seems due to mention. In regard to these cases, Dr. West remarks: "In neither of the cases, indeed, was there any satisfactory history of the manner in which the accident took place; but the existence of the inversion at the examination after death, and the absence of symptoms of it during the life time of the patients, are both clearly substantiated." When, and in what manner, and by what causes were these inversions induced? It is not to be believed, as I apprehend, in regard to the cases reported by Puzos, that had those women been previously affected with retained menses, or with accumulations of serum, or with gaseous accumulation confined within the womb, and expanding it, and thus preparing it in a sense to become readily inverted, so that, the obstruction giving way, the sudden discharge of the accumulations should have led to it, in a manner similar to that occurring after labor; or that an intra-uterine polypus, effecting the same results, had given rise to it. And yet that a practitioner of Puzos' distinguished ability and immense experience should have overlooked causes so easily ascertained, and so obvious and unequivocal in their relations to such an accident, to substitute a causation regarded as so equivocal as that which he proposed, and as stated above. It is due to confess, however, that in the evident absence of all ascertainable causation, after the most searching inquiries in every direction had been previously made, without any satisfactory results, the hypothesis which Puzos proposed as a *dernier ressort* does not seem so devoid of some show, at least, of credibility, as the learned author of the article for the *Dictionnaire* seems to have apprehended. It seems to me clear, that there is a sense in which excessive obesity may be regarded as having some relation to such a case. As a matter of fact, a tendency to obesity is very

commonly, though not universally, perhaps, observed to obtain in persons of generally lax fibre, in which the womb participates, in common with all the organs of the body ; and such a state of general relaxation and atony may be, and, for reasons which I will assign hereafter, probably is sometimes so excessive in the womb, and especially in its mouth and neck, as might predispose it to become inverted. And this relaxation of the womb being carried to a certain supposable extent, the extraordinary weight and pressure of the omentum, and the intestines heavily laden with fat, by at once distending the abdominal walls, and by bearing heavily and incessantly upon the relaxed womb, might rationally be regarded as a very efficient exciting cause, which, concurring with the excessive predisposing relaxation, might, as I imagine, lead to the establishment of inversion. It is certain, I think, that some kindred accidents, subject to a similar pathology, such as prolapsus and hernia, occur more frequently, relatively to the whole number of persons affected with those accidents, in very fat persons, than in others. Several eminent and experienced professional men have concurred with Puzos, in regarding a state of excessive obesity as holding an essentially causative relation to inversion ; and I am myself inclined to the belief that such an opinion may have some foundation in truth.

In corroboration of what I have last stated, it is pertinent to remark, that very fat women have seemed to me peculiarly prone to profuse menstruation, and to leucorrhœa, in a manner that may be regarded as being for them the natural state, and not as a disease ; and, further, that I have had opportunity to assure myself that in such women there is frequently, at least, if not universally, a lax and yielding state of the womb, generally coinciding with a lax and open state of the mouth and neck, so as to admit the finger without resistance.

But, independently of excessive menstruation, or of leucorrhœa, or of any other appreciable disease, I am persuaded that in some women the womb is excessively pliable and yielding to any species of mechanical force, and the mouth and neck open and relaxed as their natural and normal state ; and I can well imagine that the conditions last named, concurring with excessive obesity, and the general laxness of all the organs apt to be associated with obesity, might lead to inversion. Such an inversion

the result of which would probably have been an early discovery of the inversion. It is quite obvious to me to infer, therefore, that these inversions were in their beginning located exclusively in the neck, or in the point of connection of the neck with the body, and that the rate of their progress was very slow. I think that I shall be able to bring out some facts and considerations, in another connection, which will at least make it possible that some inversions, in non-partum women, do really commence and ultimately become complete after such a manner.

In Baron Boyer's case, the Baron affirms that the subject of it was 44 to 45 years, and although the mother of three children, she had not borne one during the last fifteen years, during which time she had enjoyed uninterrupted good health, with regular menstruation, and absence of leucorrhœa, and had suffered no inconvenience; and, still further, that her womb contained no foreign body.

Deducing our inferences from the facts as stated, the following conclusions seem to be obvious, namely :

1. There had evidently been no tumor or extraneous growth within the uterus adapted to expand its cavity, so as to place it in a condition to admit of an inversion commencing by depression of the fundus ; which is the only way in which it has been supposed possible for such an accident to be commenced.

2. The uninterrupted recurrences of the menstruations prove that there could have been no liquid or gaseous accumulations confined within, adapted to expand the organ.

3. The absence of leucorrhœa, as well as all inconvenience and special irritations, render it probable that there had been no particular disease of the uterus, since that any disease of the organ would probably have been attended by both leucorrhœa and more or less suffering.

And in regard to the period and manner of occurrence of the inversion, it may be remarked, first, that being incomplete when discovered, it must also have been partial at its beginning. It might, therefore, have been initiated in connection with expulsion of the placenta, or at any subsequent period prior to the return of the womb to a volume below that which obtains at the end of the fourth month of gestation, the womb being emptied by an abortion ; or, as I see the matter, it might have commenced at a

having its fundus indented and depressed within the cavity of the organ; and such a view involves as a necessity that the cavity of the womb be previously expanded. And not being able to discover anything to favor the belief that the requisite expansion had existed in this case, he was driven to the hypothesis previously stated. Colombat, in his treatise, previously described, p. 183, refers to this case in the following terms: "Baron Dubois supposed that the celebrated author might have been led into error by a polypus of the uterus." But I reply, that it is not usually a very difficult matter to distinguish polypus of the uterus from inversion, and Baudelocque was probably as competent to draw such a distinction as any man living. Colombat continues: "As we do not think it possible for Baudelocque to make such an error in diagnosis, though such mistakes are not wanting, we conceive that the inversion he met with in the young girl might have taken place in consequence of the distention of the parietes of the womb, produced by retention of the menses, the accumulation of serum, or the extrication of gas in the organ, and subsequently expelled suddenly"—that is to say, virtually, that the womb being first distended and then suddenly emptied of its contents, would be in a state adapted to permit an indentation of the fundus, and thus to submit to an inversion according to the same order as at the time or immediately subsequent to labor or abortion. Evidently the conjecture of Colombat was based upon a twofold supposition, viz.: 1st, that it could not be a congenital deviation, but, on the contrary, 2nd, that it was an accidental change, and that a previous expansion of the uterus was an indispensable precedent and preparatory change for permitting the inversion; since that the uterus must of necessity be in a relaxed condition, and have its cavity expanded, for allowing the fundus to be forced into and received by that cavity,—and he had no thought that the event was possible according to any other order.

It is plain enough to me that such an individual as Baudelocque is well known to have been, could hardly have been induced to resort to an explanation of this extraordinary case, which is probably unsupported by any well assumed facts, until he had sought anxiously for a more acceptable and a more obvious solution. But it is worthy of attention, that while no writer has felt himself at liberty to throw out the case as not reliable in the facts, no one, so far as I know, has accepted his explanation of it.

of congenital malformation, if valid, would have cut the knot of difficulties in an instant. But I am yet to find any satisfactory proof that any hollow organ of the body has been found with its proper inner surface external, and its outer surface internal, as simply a congenital deviation, a vice of confirmation.

[To be continued.]

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ART. III.—*Vaccination*. By SAMUEL HART, M.D., Marietta, Ohio.

To succeed satisfactorily in this little operation is indeed quite a success. There are numerous causes of failure, arising from fault in the virus itself; the difficulty in getting it properly inserted, especially in young children; the occasional failure of the absorbents to take it up when brought into contact with them, etc. But if we examine the puncture after four or five days, and find scarcely a trace of it, how much better it is than to find indubitable evidences of lymphatic poisoning, of such malignant character as has been found in cases reported within the last few months.

The object of the present article is to describe a simple instrument which I have used with great satisfaction for two or three years, and which will do much to render the operation more certain and safe. It consists of a pair of forceps-like steel blades, finely pointed at the ends, and sufficiently sharp to puncture the skin; one blade (the upper), however, being a little sharper and longer than the other. The blades are slightly arched, or bowed, so that, though they touch accurately at the points, there is a slight space between them a little further back. This space is occupied by a flattened, blunt-pointed slide, extending back into the handle of the instrument, where it has attached to it a rivet, movable by the thumb-nail. A metallic case is made for the whole, to answer as a handle as well as a sheath for the blades. It has a slit for the two rivets, one to bring down the blades for use, the other for the slide.

*Operation*.—Have the virus in *powder form*; spring the blades apart, by touching the forward spring with the nail, and grasp a small portion, as if with forceps; then make the puncture very obliquely; and while the points or blades are *in situ*, push down

the hinder slide, and — that's all ; or a patch of court-plaster may be applied.

*Advantages.*—These consist mainly in its certainty and its rapidity. The virus being deposited deep in the puncture, and almost without hæmorrhage, and the particles presenting great surface for contact with the surrounding tissue, in which it produces moderate irritation, everything is in as favorable condition as possible for the propagation of the vaccine disease. It is performed in one second of time. In children it is finished before any fear is excited of a dreadful surgical operation, and it is considered as only a slight *accident* of the doctor's, and is readily forgiven.

The form of virus most commonly used is, no doubt, that of a paste prepared with water ; but in the fatal cases referred to, I think we find warning against the use of it in that form, unless, indeed, it be prepared immediately before using, and upon a surface free from the incrustations of a former preparation.

The use of virus in a state of incipient or complete decomposition, may not of itself be sufficient to produce dangerous results, (though it does not appear improbable) ; yet if it may do so, in connection with epidemic, endemic, or other influences which have produced predispositions in the patient, it is of course sufficient reason why it should not be used in that state. And it is evident, on finding it more necessary of late to watch the character of epidemics, and their influence upon persons in this respect, that we find more cases now than formerly, where for the time vaccination would be decidedly objectionable, and even dangerous.

These remarks involve an extensive and important question, and are an entire digression from the original object of this writing ; but I have been led to make them from the knowledge I have of the effects of vaccination in our own county, during the prevalence of a sweeping epidemic of diphtheria.

Probably pulverized virus will not bear exposure by carrying in paper as long as if in the solid form, unless it acquires an infinitesimal dynamization, or "dynamic power," by the trituration. From the trial, however, it is found to retain its power in perfection for three months, without sealing or other protection than paper.

The little instrument described is so simple than any tinner or

watch-repairer can make it ; and being so rapid and sure in its operation, it is recommended that every physician should possess one ; for with all the uncertainty of results in medicine and surgery, everything that can tend to diminish the exceptions and confirm the rule, should be attended to — even in the slight operation of vaccination.

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ART. IV.—*A Case of Poisoning by Strychnine.* By H. G. THOMAS, M.D., Alliance, Ohio.

The profession are not alone enlightened or interested by startling peculiarities, anomalous cases, or even those presenting new features, but whatever confirms a theory, offers a suggestion to awaken thought, new or antiquated, assists in establishing what was in the incipient stage of conception if you please, is worthy of note, and is eagerly grasped by the devotee to our calling. And therefore I report the following case :

Mr. Wm. B——, a young married man, aged about 24 years, short, robust, very muscular, an engineer on a railroad, of active though intemperate and dissolute habits, took, on October 25th, 1858, at 11 o'clock A. M., five grains of strychnine, and in a half an hour a large drink of whiskey—the first for suicidal purposes. From the time of taking the poison until I was summoned, at fifteen minutes before 1 o'clock P. M., he was arranging to get his mistress, with whom he had been in adulterous intercourse for a few days, from the lady with whom she was stopping, under pretence of marriage, and was under most intense mental excitement. But for nearly two hours, according to his own statement, and up to the time I was solicited by the bystanders, he manifested no symptom indicative of the effects of strychnine, as affirmed by those who were with him.

Perhaps two minutes previous to my seeing the patient, he, while talking, was taken with spasm, fell on the floor, and turned from side to side, with his extremities convulsed, though rigid. Had given no one any intimations of his intentions, or informed them of what he had taken, and was supposed to have a "*fit*."

Found him on the floor, with extremities extended, jerking slightly ; countenance natural, except muscular involuntary



morning was, at 8 o'clock, after taking a slight meal, able to sit up some. In the evening could walk about; gave him, at 10 o'clock on the 26th, comp. cath. pil., vij., at two doses; produced catharsis at 4 P. M.; was convalescent on the 27th.

Do not claim for zinci sulphas a specific effect, but as an efficient and prompt emetic I consider it in recent cases of poisoning an excellent, convenient, and generally a safe remedy.

When I learned that near two hours had elapsed after the poison was swallowed, and on seeing the violence of the tetanic contractions, I entertained little hope of affording relief, much less to effect a cure.

Finally, as a subject for thought, inquiry and investigation, I would inquire how much influence in postponing the effect of the strychnine had his adulterous and mental emotions, if any. And did the spirituous potion influence to retard its appearance? I confess to the opinion that the former did ward off its specific effect, by preventing active absorption, as well as by a diverticular action of the brain.

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### Editorial Translations.

*The Coloration of the Bones of the Fetus from the action of Mad-der, mixed with the Food of the Mother.* By M. FLOURENS.

The author presented to the Academy of Sciences, June 4th, the bones and teeth of a fetus which had become very red, from the simple circumstance of the mother having been fed on food mixed with madder, during the last forty-five days of pregnancy.

— [This is another striking example of the ignorance of American medicine displayed by the French. It is difficult to believe that one so learned as M. Flourens is, should not know that the same fact had been ascertained in the same way, by our distinguished and venerable master and friend, Prof. R. D. Mussey, as early as the year 1829. Yet such must be the case, for M. Flourens could not and would not conceal the knowledge if he had been cognizant of it. Indeed, as early as the year 1809, Prof. Mussey made a series of experiments with madder, to show that it could be absorbed through the skin.

In the "Third Supplement to the *Philadelphia Medical and*

“ On the day the farrow was produced several of the pigs were killed, and their bones inspected. Every bone was strongly tinged with red. The teeth were stained of a delicate pink color. The engraving exhibits tolerably well the madder upon the teeth, and upon one of the larger bones. In another experiment more recently made, a sow within a month, as near as could be ascertained, of bringing forth her farrow, was made to eat four ounces of madder daily for twenty days, and was then bled to death. The urine of the animal was very high colored, but was much deepened by the addition of a small quantity of the solution of potash. The serum of the blood, too, after the red particles were allowed as much as possible to subside, was of a red color, which was suddenly heightened by the addition of the alkali. Half a dozen of nearly full grown pigs were found in the uterus. The liquor amnii was repeatedly tested. It yielded a distinct tinge of red when the potash was applied to it. The proportion of madder, however, in the liquor amnii must have been small; for when a small volume of it was tested with the alkali, the appearance of a red tinge was not satisfactory; but when tried in the following manner, the change was very manifest: About two drachms of the colorless, or nearly colorless, liquor amnii were put into an ounce phial, and as much into another phial of the same size. These were placed side by side, and the solution of potash dropped into them; the red tinge was immediately acknowledged by a number of gentlemen, before whom the liquor was thus repeatedly tested. The colorless liquor in the stomachs, and the pale urine in the bladders of the foetal pigs, were found in too small quantity to admit of a satisfactory application of the test. In this last experiment with the sow, the teeth and other bones of the foetal pigs exhibited the red color quite as strongly as did those of the first experiment, in which the mother was fed eight weeks upon madder, instead of twenty days. The bones of the sow, in the last experiment, was dyed of a fine red, approaching scarlet.

“ Thus it appears that the coloring matter of the madder is capable of existing not only in the serum of the blood, in the urine, but also in the liquor amnii, and of circulating harmlessly through the delicate organs of the foetus, in different stages of their development and growth.”

*Observations relating to Heredity.* By M. Coste.—The important experiments which our distinguished confrère has just communicated to the Academy, suggests to me the curious fact of coloration transmitted by the mother; not, however, to the embryo or the developed foetus, but to the egg itself, and to the substance of the germ, before it has undergone any of the transformations of which it becomes the seat, in the creation of the first lineaments of the new being. It is, in my opinion, the visible evidence of the manner in which heredity marks each being with an original stamp, and introduces, with life, the elements of health or disease, according as these elements come from a pure or vitiated source. The fact to which I allude is borrowed from the bony fishes of the family of *salmonides*. When the flesh of the females of this family is impregnated with the particular matter which gives to it that more or less intense color, known by the name of the salmon color, the contents of the eggs laid by the females are impregnated with this coloring matter, and the intensity of this coloration is proportioned to that of the mother; on the contrary, if the females are placed in conditions where their flesh loses this color, the eggs which they lay in these new circumstances present no traces of it—they are white, like the flesh of the mother. If, in giving to the flesh of the mother, by the action alone of surrounding circumstances, a quality as fugitive, we may make this quality be carried into the substance of the germ, we see how, when we regard a cancerous or tuberculous diathesis, etc., that the disease becomes necessarily an inheritance; and this inheritance is not limited to the introduction of the morbid element in any point whatever, but to its infusion into the entire organism, which demonstrates itself by the manner in which this organ is constituted.

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*The death of the Fœtus of a Cow in the Uterus, having remained in it Eight Months after Death.* By M. Eug. Chevandier.—The membranes were intact and complete; they did not contain any amniotic liquid; the cord and the placenta had been expelled; the placenta was a little atrophied; the cord quite thin; the whole had a blackish color. The foetus, withdrawn from its envelopes, appeared completely mummified; and the flesh, from its color and consistence, resembled smoked ham. The position was

not normal. The entire length of the body, measuring from the occipital ridge to the caudal extremity, was forty-eight centimetres. The skin was smooth; some hair only was observed on the extremity of the head; it was of a dark color. The muscles seemed atrophied; they were very hard. There was flatness of the whole body, in its transverse diameter. The foetus was about five and one-half months. The causes of its death are unknown. The only very remarkable fact is, that it should have remained eight months in the uterus, and have submitted to a transformation which resembled mummification.

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*The production of Proto-Organisms in Calcined Air, and by the aid of Putrescible bodies raised to the temperature of 150 degrees.* By M. F. Pouchet.—The author stated that it would soon be one year and a half since he announced to the Academy that he produced proto-organisms in apparatus or vessels hermetically sealed, warmed to 100 degrees, and receiving no air which had not been washed in sulphuric acid, or carried through a red heat; and that consequently the experiments of Schultze and Schwann, upon which some physiologists based their arguments solely against spontaneous generation, should be considered as *sub judice*.

The first of these assertions was not the subject of any serious discussion; but the second, on the contrary, was warmly controverted. Since my first communication, adds M. Pouchet, I have not ceased to improve the experiment in question; and I can certainly state at the present time that it constantly succeeds, when we conduct it with all the care that it exacts, and that it demonstrates manifestly that the organisms which we see produced in the apparatus have not been brought from without. The process was as simple as easy to find: it consists solely in not plunging the putrescible body in the water which undergoes the ebullition, until it entirely cooled, and the calcined air is taken into the apparatus. In proceeding in this way, we may warm this body up to 150 degrees, and even more, without compromising the success of the operation. After a time very variable, the duration of which is in relation with the temperature, the proportion and the nature of the body used, the liquid becomes turbid, and very soon *microzoaires* or *mucédinées* appear. That which is es-

sentially remarkable, but which the physiologists have passed inattentively, is that these *microzoaires* are *never* identical with those which appear in the same decoctions exposed to the air. They all belong to inferior grades in the zoological scale.

It is almost always the same for the cryptograms. Thus, in the apparatus hermetically closed, all the *microzoaires* which we met with belong to the species amiba, manus, trachelius, bacterium, vibris, spirillum; and no one has ever discovered either vorticelles, colpodes, paramécées, glaucomes, or kérones, etc. However, if the eggs of animalcules come from without, it will be absolutely impossible to explain rationally this delimitation. All physiologists are agreed on this point: it is, that no egg, animal, or plant can resist the moist temperature of 100 degrees. We have made a great many experiments on this subject, and in those we have always seen that this temperature annihilated life in all organized beings, and often even sufficed to alter their structure profoundly. Thus, then, when in our experiments with calcined air we see the *microzoaires* appear, these animals not having been able to resist the heat of the apparatus, nor gaining admission from the outside, heterogeneity can alone explain their presence.

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*Experimental Researches on Death by Drowning.* By J. H. S. Beau.—What is the cause which prevents the free entrance of surrounding fluid into the respiratory passages of those who are drowned? The author proposed this problem; to solve it, he instituted and practiced three series of experiments: he took the important precaution of employing very small dogs, as, wishing to submerge them immediately below the surface of the water, he could observe their movements easily, and with the aid of an assistant maintain them in this position. He observed that the immersion of the natural orifices of respiration is with animals who drown in ordinary circumstances the condition from which results, by sympathetic or reflex action, the spasmodic closure of the sphincters or orifices of the respiration, and the arrest of the respiratory movements. As to the very small quantity of frothy water which is found in the bronchial tree, it enters at a single inspiration, made quickly at the moment when the animal is surprised by the immersion. From which it results that death by

drowning has the greatest resemblance to that which supervenes in consequence of a tetanic affection of respiration. The paper was referred to a committee of Flourens, Milne Edwards, and Bernard.

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At the meeting of the Academy of Medicine, June 11th, M. Velpeau presented the liquid of a hydrocele from a patient in whom no lesion of the epididymis, testicle, or its envelopes existed. He thinks the liquid, which has the appearance and opacity of milk, and resembles in no wise the lactescent and cloudy serosity which is sometimes found in these kind of tumors, merits to form a particular variety of hydrocele. He demanded a chemical analysis to be made in the laboratory of the Academy.

M. Robin said that he had made a microscopical examination of the liquid. No trace of spermatozoons were found, but he met with a large quantity of the special corpuscles which color the spermatic liquor in subjects sterile in consequence of double epididymitis. These corpuscles remain in a state of emulsion, in spite of everything we may do to precipitate them; they do not deposit and pass through the most delicate filters. M. Robin added that the analysis of the liquid had been undertaken by M. Wurtz.—*Gaz. Hebdomadaire*.

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### Proceedings of Societies.

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*Proceedings of the Cincinnati Academy of Medicine*, February 6, 1860. Reported by J. A. THACKER, M.D., Recording Secretary.

After the minutes of the last meeting were read and approved, the President announced that the subject for discussion for the evening was, the History and Pretensions of Cod-Liver Oil as an antidote for the several diseases for which it is applied.

Dr. Robert R. McIlvaine was here introduced, who, after a few preliminary remarks concerning the Academy, and the nature of its organization, proceeded to discuss the subject as announced.

He said they had met to-night to inquire into the claims and pretensions of cod-liver oil as a therapeutic agent. It was claimed, that at a period previous to Christian civilization, fish-

liver oil had been in use as a medicinal agent ; and in proof of which, its enthusiastic advocates had quoted as authority, the apocryphal books of the Bible, to-wit, Tobit, chap. vi. But he would say, for the information of those whose pious scruples forbade them to read the apocrypha, or, for other reasons, that the word *oil* is not found in the record.

He then spoke of the traditional claims set up for it in Holland and England, from time immemorial, as a popular remedy ; but the first who brought it before the notice of the profession was the great Micholis, in Germany, about the year 1755. The next author of distinction that introduced it to the notice of the profession, was Percival, of England, about the year 1785, or, as some say, 1790. Be this as it may, the curative properties ascribed to it then were very dissimilar to those said to be possessed by it now.

The Doctor then passed on to the inquiry, as whether the cod-liver possessed any function peculiar to itself. He spoke of the discovery of the great Bernard, of France, in the liver of mammalia, and its function of sugar-making.

In his research, however, he discovered that this property is not peculiar to that class, but is also possessed by the galliguassi, fishes, and reptiles. Most of the representatives of each of these families, with the exception of the fresh codfish, Bernard had tested ; to test this latter was impossible, as the distance from which it could be obtained was too remote for him to make the experiment. Hence, the Doctor stated, that when leaving France, in August, 1859, he prepared himself with the necessary tests, tubes, and apparatus for experiment, in case an opportunity should offer when arriving at the Banks of Newfoundland. On the 25th of the same month this opportunity was afforded. On that day, while the ship City of Washington, in which he sailed, was lying to off the Banks, to send out her news, he procured some fresh codfish from the fishermen, and succeeded in putting beyond controversy the fact that the law that is universal in all animals is not excepted in the case of the codfish.

Here the Doctor exhibited the identical sugar to which he had alluded, with specimens of his research since his return to this city, including sugar obtained from the livers of the pikefish, the catfish of the Ohio, the whitefish of the lake, with other

specimens obtained from the three great families before alluded to — among them was one from the tortoise, a representative of the reptile family.

This, we believe, is the first demonstrative lecture ever delivered upon the subject in Cincinnati.

He then went on to inquire what were the properties and affinities of cod-liver oil, as compared with other oils; for, said he, if it possesses the same ultimate principles as other animal oils, then the claims of its advocates are well.

The Doctor then went into an examination of animal oils, quoting from the analyses of gentlemen whose names, he said, were a strong tower, the granite columns in the Esculapian temple, to-wit, Chevreul, Lecaun, Pellitier, and Bernard; and, with such names to sustain him in his position, he did not fear to be successfully controverted. These, he said, were his great moral barricades; their demonstrations, like a wall of fire, defensive and offensive.

It has been demonstrated, he said, that the fatty principles derived from the bodies of animals are very analogous, in composition and properties, to the vegetable fixed oils — the latter being employed on account of the expense of the former, in Britain and elsewhere. Their ultimate elements are carbon, hydrogen, and oxygen; and most of them, like the fixed oils, consist of two or more definite compounds.

The annexed table, which he repeated, made up from the analysis of the before mentioned gentlemen, shows the composition of several animal fats, and of their products, reference being had to 100 parts :

	CARBON.	HYDROGEN.	OXYGEN.
Human Fat.....	79.000.....	11.416.....	9.584
Oleine of human fat.....	78.566.....	11.447.....	9.987
Hogs' lard.....	79.098.....	11.146... ..	9.756
Oleine of lard.....	79.030.....	11.422.....	9.548
Mutton suet.....	78.996.....	11.700.....	9.304
Oleine of same.....	79.354.....	11.090.....	9.556
Spermaceti.....	79.500.....	11.600.....	8.900
Glycerine.....	40.071.....	8.925.....	51.004
Margerine.....	74. ....	74. ....	12.

Cod-liver oil by Dugal Campbell :

CARBON.	HYDROGEN.	OXYGEN.
80.18	13.72	58.54

The Doctor then proceeded to give the composition of a num-



ber of vegetable oils, which is exhibited in the following. These analyses are by Liebig, Theinard, Gay Lussac, Wohler, Dumas, and Ure:

	CARBON.	HYDROGEN.	OXYGEN.
Olive Oil.....	77.213.....	13.360.....	9.427
Camphor.....	79.280.....	10.360.....	10.360
Oil Peppermint.....	77.300.....	12.600.....	10.100
Oil Anise.....	81.400.....	7.980.....	10.620
Oil Cloves.....	70.020.....	7.420.....	22.560
Oil Bitter Almonds.....	79.560.....	5.560.....	14.880
Rosemary.....	45.....	38.....	2.

He remarked that there is no essential difference between fat and oil, only one has a greater tendency to the fluid state than the other. Fatty substances, both in the vegetable and animal kingdom, seem to be identical.

He drew the attention of the Academy to the fact, that the portion of carbon contained in the oil of the bitter almond was almost the same as in cod-liver oil, the first being 79.56 of carbon, and the second 80.18. This oil, he said, was much pleasanter, and far less disgusting, than the cod-liver oil.

He also examined into the claims of glycerine, which some were proposing as an appendix to cod-liver oil; he showed its proportions, and the fallacy of such pretensions.

The Doctor then spoke of the uncertainty of the action of cod-liver oil; that even its advocates assumed that months of use were necessary before any amelioration from its effects could be expected; and that its action in scrofulous phthisis was null. For these opinions he quoted the high authority of Tauffheil, an author of distinction, who, with Donovan, denies its curative properties any way owing to iodine.

Indeed, the pretensions of the iodine advocates, although not inconsiderable, have themselves failed to make out their case successfully. Though they began as early as 1806, they had not agreed among themselves until 1839, that such an element existed; and now, in our day, no author of distinction claims it as a cause of efficiency. He then quoted the authority of Bretonneau in sustaining him, that the same indications had been fulfilled with the whale-oil, and common oil of other fishes, as with the cod-liver oil.

He then spoke of the evil effects of cod-liver oil; and in this he was sustained by no ordinary name, as the attention of the

profession had been called to it by the great Hobeke, of Belgium, who observed that by the continued use of it the pelvic bones had become deformed in women who before had borne children without unusual difficulty. Observe, says he, that the diseases for which it is claimed the most efficient are rachitis and strumous diseases; it is true that others have claimed efficiency for it in rheumatism and gout, though in these respects its advocates have not been decided.

Another name of distinction appears on the list, who supposed he had achieved immortality for himself by associating his name with it, in the cure of phthisis. To Pereira, of Bordeaux, belongs the honor of introducing it to the profession in this connection. He wrote a book on the subject, presented to the Academy of Science, France, containing numerous supposed cases and professed cures; but his cases, when critically examined, became "small by degrees," and his cures "beautifully less," and the hopes he had inspired in others never realized.

Thus has it been with this so-called potent agent — weeks and months being necessary to demonstrate its supposed efficacy. Let us then be honest, and admit we have not found in this oleaginous body, disgusting and nauseating as it is to the taste, and offensive to the smell, the antidote for our woes, that the non-progressive in our profession would have us to believe.

He enumerated other authors of this system, and designated them the lights of the hour, the blind leaders of the blind, against whom the verdict of posterity will be, that they are usurpers of places for the time being, satisfied with indorsing doctrines not demonstrated. They had caused much money to be wasted, and had, thereby, further impoverished the indigent by their mistaken notion of the subject upon which he had treated, being a remedial agent — a sort of panacea — against which common sense enters its protest.

[We shall give the discussion following these remarks, next month.—Eds.]

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*Grant County (Ind.) Medical Society.*

At a meeting of Grant County Medical Society, held in Marion, Ind., on the 5th day of June, 1860, Dr. Wm. R. Winton

offered the following preamble and resolution, which were unanimously adopted :

*Whereas*, This meeting is convinced, from an advertisement of Dr. J. F. Beckner (a member of the Grant County Medical Society), found in the *Peru Republican*, that the said Beckner has left the regular medical profession, and classed himself with charlatans ; and is guilty of violating Sections 3 and 4 of Article 2, and also Section 4, Chapter 3, Code of Ethics, which he voluntarily pledged his "truth, honor, and professional standing (in Art. 14 of the Constitution,) faithfully to observe," and has thereby rendered himself unworthy of a position as a member of this Society ; therefore,

*Resolved*, That under Section 2, Article 7, of the Constitution, which provides that "Any member convicted of violating the provisions of the Society, or of any act which may be considered derogatory to the honor of the medical profession, may be expelled," the said J. F. Beckner be and is hereby expelled from the Grant County Medical Society ; and under Article 10, is "debarred from the right of consultation, or any of the privileges of professional intercourse with any member of this Society."

D. TAYLOR, M.D., President *pro tem*.

LEWIS WILLIAMS, M.D., Secretary.

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### Correspondence.

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JEFFERSON, WISCONSIN, August 4th, 1860.

GUSTAV C. E. WEBER, M.D. :—I have read with pleasure, to-day, a very lengthy article on diphtheritis, by Dr. Hartmann. The article is able, and shows great research ; but I verily believe, from my own experience in treating diphtheria, or diphtheritis, several very severe cases of which I treated in this place last fall and winter, during or very near the time the scarlet fever was prevalent here, that I can add something of great importance to what has already been said in the able article alluded to. My plan of treatment is this : First make a strong *tea* of golden thread, mint or pennyroyal, and red raspberry leaves ; sweeten well with honey or white sugar. If for a child, give a teaspoonful every half hour—the object being to remove the canker by keeping the mouth and throat frequently wet. Use warm bath to allay the fever, as the safest and best of all anodynes ; but use the bath with great care, and of the right temperature, five or ten minutes, with a vigorous rubbing, being most proper. Choose cholagogue cathartics, but give them in very guarded and moderate doses. I prefer to combine with a small portion of salts and senna pod-

phylline and leptandrine, but never push catharsis actively. The better plan is to use injections. Apply to the throat a large piece of rusty bacon, well rubbed with salt; this must be renewed every twelve hours: it will bring a rash to the surface, and relieve the distress of the patient, if used with care and not continued too long. Allay irritation of the bowels with suitable injections, indicated by the character of the discharges. Allay the irritation of the stomach, if there is tendency to frequent emesis, by using rhubarb and saleratus, of each equal quantities, combined with mint, or some other aromatic of that class. The diet must be nutritious, but spare in quantity; *the vital powers must not be taxed to digest a large amount of food*. Every possible means must be used to keep up the *natural* strength of the patient; if a nursing child, *offer it cold water frequently*, so that thirst may be allayed without its natural nourishment too often. Use anti-periodics, if indicated, but use them in much more moderate quantities than in ordinary cases. You may occasionally use, where the tonsils are very obstinately bad, and the ulcers or canker-sore difficult to heal, the following wash: Cayenne, salt, and vinegar, diluted or not, as the patient can bear; it should not, however, be used in the forming stage, but rather as a last resort; and if at all, never as a substitute for the first mentioned decoction, but alternately with it. Never swab the throat, except your patient can endure it without fatigue or annoyance.

I believe the disease in question is quite manageable, formidable as it certainly is, on *this simple plan of treatment*, which also is exactly my plan of treating the worst cases of scarlet fever. I have had good success in both diseases, and adopted this plan because I lost confidence in all other plans. I have full confidence in the general plan laid down, but will confess, that when applied to particular cases there must be many modifications which can not be given in a short article, such as the present is necessarily designed to be. If this can be used to lessen human suffering, or in any measure diminish the terror excited by an invasion of the fearful disease in question, my highest ambition will be gratified by having such disposition made of it. What I have written is in great haste, and am sure it is not free from errors, which you will please excuse. THOS. M. BENTLEY.

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[We publish the foregoing letter with great pleasure. Dr.

Bentley offers a plan for the treatment of diphtheritis which is certainly simple, and may be very available, in cases of not too malignant a character. The combination of gold-thread, mint, and raspberry leaves — a bitter aromatic and refrigerent — strikes us as particularly suitable to the local affections. Gold-thread (*coptis trifoliata*) has long been popular in the Eastern States, against aphthæ and ulcerations of the mouth; the aromatic virtues of mint are of good effect against some poisonous influences, such as we undoubtedly have to battle with in diphtheritis. Perhaps the formula can be a little improved by employing raspberry vinegar in the place of the leaves. It is made by macerating one pound of the berries with two pounds of vinegar for a month, and straining. The stimulating wash recommended for obstinate sores appears to be an improvement upon the old plan, to saturate vinegar with nitrate of soda (thus producing a combination of acetate of soda and muriatic acid), and to give that, dissolved in water, but as hot as possible, in half-teaspoonfuls. This is certainly useful in malignant scarlatinous angina, an affection that seems very nearly allied to diphtheritis.]

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HENDERSON Co., Ky., July 31st, 1860.

MESSRS. EDITORS — *Sirs* :—I see in the June number of the *Lancet and Observer* a report of two cases of erysipelas, by Dr. Dyer, in which he says, "Muriated tincture of iron, internally and externally used, in connection with quinine, cured them in a short time."

In March last I had two cases of erysipelas, in which I used the remedies spoken of by Dr. Dyer, in his first case; but after using them several days, the patient getting worse all the time, I stopped the iron and substituted milk punch, — keeping up the quinine, however. She soon recovered. The mur. tinct. iron could not be used to advantage, internally, as the stomach was quite irritable. Probably if this condition of the stomach had been otherwise, the case would have progressed more favorably; but externally the disease spread rapidly, and not until I applied strong solution of nitrate of silver was it arrested.

In another case I used only a solution of nitrate of silver, one drachm to one ounce water, topically, with quinine internally, and

soon arrested the disease, the patient making a rapid recovery. I have previously, in several cases, used the mur. tinct. iron with success; also I have used the sulphate of iron, in solution, externally, with very good results; but I prefer a strong solution of nitrate of silver, externally, and quinine, internally.

I have treated several cases of scarlet fever, — the anginose form, — during the early part of the summer, with quinine at regular intervals, say every three or four hours all through the disease, using a saturated solution of chlorate of potash as a guard; also permitting the patient to swallow a teaspoonful of it three or four times a day.

I see in the July number of the *Lancet and Observer*, in proceedings of the Clermont County Medical Association, that Dr. Lyman reports a case of dropsy of knee-joint benefitted by local use of iodine. During the past three months I have treated three cases successfully by compression, bandaging the knee for several inches below and above, and keeping the bandage wet with cold water. I bandage the knee as tightly as the patient can bear it, then elevate the leg, and keep wet with quite cold water. This means answers much better in recent cases than any other I know of.

I was, about two weeks ago, called to see a man who had fallen on a scythe and cut himself just below the knee, severing the ligature of the patella entirely. I washed out the clot and blood, and stitched up the wound, applying adhesive strips. The wound healed up for the most part by first intention, suppurating very little; and he is now able to walk. Knee-joint not injured.

Respectfully yours,

WM. H. FOULDS, M.D.

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EDINBURGH, INDIANA, August 9, 1860.

E. B. STEVENS — *Dear Sir*:—I have never used anything in cases of severe burns that gave so much satisfaction as the bismuth and glycerine, recommended by Prof. Richardson, in the July number of the *North American Medico-Chirurgical Review*, page 655. Three men were badly burned by the explosion of a whiskey-tub in the distillery of Adams, McCormick & Co., in this village, on Sunday last—the gas being ignited by a lamp

times its number of pages to get through it, noting those references. Hence, to the mass of *practitioners* it seems tedious and "heavy:" only the gifted, the cultivated, and the philosophic mind can revel among its rich treasures of facts, reason, illustration and sarcasm.

One of the most glowing tributes to a work of genius, by a man of acknowledged genius, that we ever heard, was pronounced by the late Prof. Charles Caldwell, then the most renowned of American medical philosophers, on Paine's Institutes of Medicine, soon after its first appearance.

Of course, none but himself can subscribe to all the author's views; yet no physician can read attentively this volume without marked benefit to himself and to his patients. And no one, we think, can read it without a higher appreciation of the noble science of medicine—not even yet scarce escaped from its infancy,—and a more determined purpose to labor zealously for its further advancement.

For sale by Robert Clarke & Co., 55 West Fourth Street, Cincinnati, Ohio. Price \$4.00. C. F.

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ELECTRO-PHYSIOLOGY AND ELECTRO-THERAPEUTICS: showing the best methods for the Medical Uses of Electricity. By ALFRED C. GARRATT, M.D. Fellow of the Massachusetts Medical Society. "*Study, and search out the secrets of Nature.*"—HARVEY. Boston: Ticknor & Fields. 1860.

A paragraph in this journal, some time since, announced the volume before us as forthcoming. We have taken time to examine the whole work carefully, and have read a large portion of it in chapters here and there, irregularly, with great pleasure and instruction. Dr. Garratt has written a book that seems to us thoroughly exhaustive of the whole subject, and one that we think will receive very general favor from the profession, as it has already from the journals.

A very large space is devoted to a consideration of the whole subject of electricity, its nature, the entire philosophy of its operation, its history, together with a minute account of a great variety of electrical instruments and machines. Indeed, as we think, an unnecessary minuteness of detail is appropriated to this portion of the work. The résumé is carefully prepared, and presented in an attractive garb; but perhaps as a work of prac-

tical electro-therapeutics, it would have been quite as well not to have cumbered its size with matter which is supposed to be in the main familiar to most properly educated medical men.

Chapter IV. is devoted to what the author styles *Electro-Physiology*, in which the electricity of all life is discussed ; the minute structures of nerve fibres ; notices of animal electricity, as observed in the electric eel, torpedo, etc. ; together with the effects of electricity on the special senses, on the various regions, and on the muscular tissue.

The remainder of the work, constituting its greater bulk, is taken up with the practical applications of electricity to disease, and the modes of application. Of course it would be too tedious, and quite unnecessary, to speak of these in detail in this place. The medical uses of electricity are not as yet definitely determined ; and of course there are many suggested uses that time may demonstrate as valueless.

The work is presented in most excellent style : the printing and paper are very beautiful ; and the numerous illustrations are unusually good. In a word, the publishers deserve great credit for their part in the "getting up" of this book.

We have just said that time will doubtless show us that many of the uses for which electricity has been proposed as a therapeutic agent, are inappropriate, or at least without value ; and there is no doubt but the more general use of electricity has been greatly retarded by the quackery which has been mixed up with the whole matter. We have a great deal of confidence, however, in the representations of Dr. Garrett : he has devoted himself to the subject very carefully, very maturely, and, as we sincerely think, very scientifically ; and we believe, therefore, his opinions are entitled to consideration and respect. If the book of Dr. Garratt, with its teachings, shall be the means of inducing the profession to give more special attention to the use of important remedial agencies heretofore overlooked, our author will have done a very good work indeed, and will deserve the thanks of his medical brethren.

For sale by Rickey, Mallory & Co. Price \$4.00.



### Editor's Table.

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*The Medical College of Ohio.*—Some of our readers are aware that this old institution has been in a state of disorganization, owing to the resignation of the Faculty, shortly after the close of the last session. We have kept silent, preferring to wait until the Trustees should reorganize the Faculty. Now that a Faculty has been made, we propose to give a brief history of the causes which led to the dissolution of the late Faculty. For the first two weeks of the session, the Professor of Surgery did not deliver a single didactic lecture in the school, greatly to the annoyance of his colleagues, and the disappointment of the class. He was advised and entreated by his friends in the Faculty to deliver his lectures, but persisted in his neglect of duty until a meeting of the Faculty was called to consider the matter. At this meeting a resolution expressive of the wishes of the Faculty, and the urgent necessity that his course should be given, with a request for him to deliver his lectures in their regular order, was adopted unanimously. The language of the resolution was entirely inoffensive. It was sent to the Professor of Surgery, by the Dean. The next morning the Professor of Surgery carried the communication to the hospital, and during his clinical lecture spoke of his colleagues to the class in very offensive language, saying that they were persecuting him, and that he would not lecture until the resolution was withdrawn. In addition to this, he wrote a very scurrilous letter to the Dean, Prof. Lawson, in reply, abusing the Faculty. So indecent was the letter that Prof. Lawson refused to read it, preferring to give its general tone. Still he continued to neglect his duty in the school, by refusing to lecture.

A meeting of the Faculty was again called to consider the matter, as the class was complaining. At this meeting Prof. Graham offered a set of resolutions, stating that the Faculty had no idea of insulting him, and could neither withdraw the resolution nor apologize for it, as it had only made a request that he should do his duty. These resolutions were sent to him by the Dean; still, he did not lecture for some two or three days after this meeting. In truth, he did not deliver more than

three-fourths of his course; nor is it saying too much to state that he did not give two-thirds of his course. It will seem strange, yet it is no less true, that the operative part of surgery was passed over entirely, as he did not have a single dead subject on the table before the class during the entire course, and consequently not a single operation was performed on the subject before the class.

The same neglect had been indulged in the previous session. The Faculty were greatly annoyed during the entire session. The Professor of Chemistry announced his intention, early in the course, of resigning. This he formally did, followed by Profs. Mendenhall and Judkins. Others announced their intention of resigning. After the resignation of Prof. Judkins, some discussion and conversation was held, in a Faculty meeting, as to filling the Chair of Anatomy, during which Prof. Comegys stated that he did not doubt that some ambitious young man, well qualified in anatomy, might be obtained for the place. The inducement for such a man to take the place was that it was regarded as a stepping-stone to Surgery. When the Professor of Surgery heard this, he became greatly enraged, and stated to two other members of the Faculty that Prof. C. was a dishonest man, and that he was united with his enemies. His abuse of him was bitter and intense. The fact is, that Prof. Comegys had been friendly with the Professor of Surgery, and had been the first man in the Faculty to apologize for his neglect of duty and offensive conduct. After this manifestation, two or three more of the Faculty announced their determination to resign. Prof. Lawson then suggested that the Professor of Surgery be requested to resign. Accordingly, Prof. Graham was requested to visit him, and state the wishes of the Faculty, when he wrote his resignation. On April 13th a meeting of the Faculty was called, all of the members being present, those who had resigned being present by special invitation, the Trustees not having acted on their resignations. The Dean announced that he had received the resignation of Prof. Blackman, when Prof. Graham offered the following paper, which, after being read, was adopted and signed by the entire Faculty, and transmitted to the Trustees:

*"To the Trustees of the Medical College of Ohio:*

*"GENTLEMEN: The Faculty of the Medical College of Ohio, while they recognize the great skill and ability of Prof. Blackman, earnestly ask you*

to accept his resignation of the Chair of Surgery. The Faculty join in the belief that from certain infirmities of temper and judgment in Prof. B., it is impossible to maintain their professional connection with him without ignoring much of their manhood, and putting in jeopardy the success of the College. For these and other reasons, we unanimously ask you to accept the aforesaid resignation, and make such provision as you may deem best to supply an occupant for the Chair of Surgery. [Signed]

JAMES GRAHAM,	L. M. LAWSON,
C. G. COMEGYS,	B. F. RICHARDSON,
JOHN A. MURPHY,	H. E. FOOTE,
GEORGE MENDENHALL,	J. P. JUDKINS."

This paper, with the resignation of Prof. Blackman, was sent to the Trustees the next day ; and on the same day Prof. Blackman withdrew his resignation. The Board of Trustees, recognizing the "*infirmities of temper and judgment*, and other reasons," of Prof. B., was desirous that the Faculty should remain as it was until the close of the coming session, when their official term would expire. With this view, the Board reorganized the Faculty by placing Prof. B. in the Chair of Clinical Surgery, his field of duty to be in the hospital, and placing Prof. Judkins in the Chair of Didactic Surgery. All of the Faculty, with the exception of Profs. Lawson and Graham, refused to accept places in the new organization. Prof. Lawson agreed to continue provisionally, but finally resigned. An attempt was made to get several gentlemen to take the vacant places, but they refused. Prof. Graham accepted, and is in the present Faculty. The Trustees resigned during July, and the Governor appointed a new Board, of which three were members of the late Board. The present Board has confirmed a Faculty, nominated chiefly by Dr. M. B. Wright, of which he is a member.

In passing, we can only say that this gentleman was removed from the school some ten years since, by the late Board of Trustees, for reasons satisfactory to it, and to a large body of the profession. He is well known for having fought his colleagues when in the school ; and after he was removed, for opposing the school in every possible way. He was the head and front of the opposition to the connection existing between the school and hospital. His opposition has not been confined to the profession ; but he has taken occasion to make it the burden of a political stump-speech. He has achieved an unenvied reputation, by having induced the State Medical Society to rescind the resolution

adopting the Code of Ethics, for which it was forced, on pain of receiving the censure of the Association, and having its delegates refused admission, to re-affirm and re-adopt. And, in one word, he has achieved his present place by playing the part of a bawling politician in the Know-Nothing party for the last few years.

It is as well for us to state, in completing this brief statement, that the four or five respectable practitioners of this city to whom places were offered, declined to accept, and recourse was had to gentlemen who live in the country. Among those declining in this city, we may mention Drs. J. Bird Smith, E. B. Stevens, and J. H. Tate.

Such are the facts in the whole case; and as such we leave each and all to form their own opinion. We have deemed this statement due to the Alumni of the School, the profession of the State and the West.

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*Arsenic Eating.*—This question revived is exciting considerable interest in the profession, and we find allusions to it in many of our exchanges: the especial interest being based upon a report which has been made by M. Heisch, Lecturer on Chemistry in the Middlesex Hospital Medical School. It appears, from the correspondence which M. Heisch set up, that a custom prevails largely, amongst the peasants of certain portions of Austria (Styria, Tyrol, etc.), of the regular use of arsenic, with the belief that it inures them to fatigue and improves the wind. Some of the facts which are incorporated in this report appear to be derived from the most reliable sources. Dr. Loring, Imperial Professor of Natural History, guarantees the authenticity of the details of the following case, the gentleman himself being the relator: "He writes to M. Heisch, that when he first undertook his labors in connection with the arsenic works, he was directed by Professor Büusch, Lecturer on Chemistry at Eisleben, to adopt certain precautions intended to enable him to withstand the fumes. These included a total abstinence from spirits, and a course of arsenic eating. The arsenic was directed to be taken in gradually increasing doses until he arrived at the age of fifty, when they should as gradually be diminished: one dose to be taken daily in warm coffee. He forwarded two small packets to M. Heisch, as material illustrations of this statement. Dose marked No. 1

represents that quantity which he first began by taking, and consists of about three grains of coarse, but pure, powdered white arsenic; dose No. 2 consists of twenty-three grains of the same deadly poison — enough to kill at least twelve ordinary men.

“We are particularly struck here with the largeness of the first dose, which is itself a poisonous one; and it is difficult to understand how doses so considerable should be repeated at the first without inducing symptoms of chronic poisoning. The confessions of this gentleman go on to describe the effects of attempts made to leave off the practice. After some years he made two attempts to desist: he quickly suffered from faintness, palpitation, intense depression of spirits, total incapacity for exertion, loss of sleep, and finally a severe inflammation of the lungs, which threatened to be fatal; and he is persuaded that he only saved himself from death by resuming the arsenic. It is remarkable that these sufferings during the withdrawal of the poison are not compensated by any pleasures during its consumption, such as those which tempt the opium-eater to his inevitable doom.”

Some years since, similar statements as to the habit of arsenic-eating in certain countries, and the alleged effects, were made by writers of some note; but these had been deemed as absurd and unreasonable; and especially Dr. Taylor, in his work on poisons, had seemingly put this matter at rest. But this report by M. Heisch certainly opens up the whole matter afresh; and further developments will be looked for with interest.

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*Prize Essay for the Ohio State Medical Society.*—At the meeting of the Ohio State Medical Society at White Sulphur Springs, in June, 1860, the following resolution was adopted:

“*Resolved*, That a medal of the value of fifty dollars, with a suitable inscription, be offered by this Society, and awarded to the author of the best essay by a member of the Society; the determination of merit, the subject of the essay, and the regulations of the competition to be made by a committee hereafter appointed, their award to be made before the next meeting of this Society.”

The President appointed Drs. M. B. Wright, of Cincinnati, R. Rodgers, of Springfield, and S. G. Armor, of Dayton, the committee. In accordance with the provisions of the resolution, the

committee announce : The subject of the prize essay, "The Use of Anæsthetics in Obstetrics." The essay to be by a member of the Society, and to be forwarded by April 1, 1861, to Dr. Wright, of Cincinnati, chairman of the committee. Each essay to be accompanied with a sealed note, containing the author's name.

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*To our Subscribers.*—We have made an arrangement with the publishers of Elwell's new work on Malpractice and Medical Evidence, which we consider highly favorable to our subscribers, all of whom, we trust, are anxious to get the work. The retail price of the book is five dollars, for which it sells readily—one-half of the first edition being already disposed of, as we understand ; but we are able to furnish a copy of the work, and our journal for one year, for five dollars and fifty cents.

Probably no American work has received so full and cordial an endorsement from the medical and legal journals, and the most distinguished men of both professions of our country, as has this work of Prof. Elwell. They almost universally admit the great want of such a book, and acknowledge its successful execution. So does also the very highest English authority, Prof. Carpenter, of the University of London, who says : "I know of no instance in which the combination of legal, as well as medical knowledge, has been so remarkably shown as it has in Mr. Elwell's treatment of this subject."

Our contract is limited to three months ; therefore we remind our subscribers who wish to avail themselves of its advantages, that they must be prompt with their remittances.

All of our subscribers, who have already paid their subscription, can also obtain the book by sending to us three dollars and fifty cents.

The book will be sent, free of expense, by express.

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*The Cod-Liver Oil Question.*—This topic engaged the discussions of the Cincinnati Academy of Medicine for several sessions some months ago. We have deferred a publication of this discussion from month to month on account of the pressure of other matter. We commence it, however, this month, giving the remarks of Dr. McIlvaine. We shall give an abstract of the discussion next month.

*The Columbus Review of Medicine and Surgery.*—We have received the first number of a new medical journal with the above title, edited by our esteemed friend, Dr. W. L. McMillen, of Columbus. It is to be issued every alternate month, contains 96 pages, and beautifully printed. Price \$2 per annum. We wish our neighbor abundant success in his new enterprise—all that he deserves, which is saying a good deal, to all who know the editor; and we cordially welcome him into the ranks of the fraternity. At the same time we find it difficult to understand the motives which have governed the projectors of this enterprise. Columbus has a good journal, also bi-monthly, about the same size, and upon much the same general plan, and so far as we know, no new interests are represented in the "*Review*," which did not find scope and verge in the "*Journal*"; we say, therefore, we are at a loss to explain this new-comer. We are patient, however, and can wait for developments.

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"*The Journal of Rational Medicine.*"—The *Oglethorpe Medical and Surgical Journal*, of Savannah, acknowledges the receipt of an extra copy of a journal with the above title, said to be edited and published in Cincinnati, by C. H. Cleveland, M.D., and remarks additionally,— "As this journal contains a vast amount of very valuable medical information that can not be found in the strictly partizan journals which flood the country—journals tied on indissolubly to the silly and absurd systems and dogmatical teachings of particular schools and cliques—we advise all our readers to take it." There, that will do; we stop to take breath. Our neighbor, the "assistant editor," etc., etc., must have been on a trip to Sleepy Hollow; at any rate, his puff of Cleveland is excessively stupid in this day of grace. Our poetical reading is somewhat rusty, but we believe it is somewhere recorded that a wicked spirit was once thrown over the battlements of Heaven, and sent down to seek his residence in the Infernal Regions, but was found to be so mean that they wouldn't let him stay there. Cleveland was some time since expelled from the American Medical Association for fraternizing with Eclectics, but he had not got more than fairly warm in his Eclectic nest, when they too tossed him overboard as intolerable. At present he appears to be floundering about pretty much in a boat by himself, using, how-

ever, the "Rational Medicine" dodge as his last advertising sheet. We trust our Oglethorpe friends will reap an abundant harvest of profit from the "interesting and reliable journal" of this man, Cleveland. For further information we refer to Dr Reese, of the *American Medical Gazette*.

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*Memphis Medical College.*—The next session of this school will open with the following faculty:

L. P. Yandell, M.D., Professor of Principles and Practice of Medicine; A. A. Rice, M.D., Professor of Chemistry and Toxicology; John T. Marrable, M.D., Professor of Special and Surgical Anatomy; D. D. Saunders, M.D., Professor of Principles and Practice of Surgery; A. Erskine, M.D., Professor of Obstetrics and Diseases of Women and Children; L. P. Yandell, Jr., M.D., Professor of Materia Medica and Therapeutics; Geo. F. Jones, M.D., Demonstrator of Anatomy.

Prof. Yandell, Sr., has had larger experience in teaching than any man in the West or South. We wish him and the Memphis school success.

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*Long Island College Hospital School.*—The Faculty of this school at its last commencement conferred the degree on a gentleman from this city who has been studying medicine one year. We are assured he began his studies last year, having attended his first course of lectures in the Medical College of Ohio, during its last session, and immediately thereafter the course of the Long Island school, in which he graduated. From the character of its professors, we had supposed this school would have at least carried out the ordinary requirements of three years' study. We should like to hear what our friend Dr. Reese, the editor of the *American Medical Gazette*, has to say of this matter. The Long Island school will have its lecture-rooms filled with students, if it continues such a course. For one, we protest against it.

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*Louisville Medical News.*—Prof. S. M. Bemiss has withdrawn from his editorial connection with this journal, his other engagements and official position claiming his entire time and attention. Dr. Bemiss is a high-toned gentleman, and we part with him from the editorial fraternity with regret.



*Drs. Guy W. Wright and James M. Mason.*—Can any of our readers give us any biographical facts respecting these early medical editors of Ohio, and also of their published medical writings?

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*Quantum Meruit.*—The Trustees of Western Reserve College, at Hudson, O., have conferred the honorary title of LL.D. upon Prof. John Delamater. To a worthier man such honor could not have been bestowed.

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*Shelby Medical College, of Nashville.*—We observe that Prof. May has resigned his position as Professor of Surgery in this school. Prof. Maddin has been transferred to the chair of Surgery, and Dr. D. B. Cliffe is appointed to the chair of Anatomy.

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*The New York Medical College* has been undergoing a process of reorganization, and, as reported in the *New York Medical Times*, it is said will have a corps of twelve professors in the new arrangement. Amongst these, Dr. D. M. Reese, of New York, and Dr. M. A. Pallen, of St. Louis, are named.

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*Ranking's Half-Yearly Abstract of the Medical Sciences.* No. 31. January to June, 1860. Philadelphia: Lindsay & Blakiston. Price \$2 per annum.

*Braithwaite's Retrospect of Practical Medicine and Surgery.* Part XLI., being for August, 1860. New York: W. A. Townsend & Co. Price \$2 per annum.

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These old established half-yearly abstracts of medical progress are both received, and we find them, as usual, replete with all the valuable suggestions of the day. They are too well known to the profession to require special notice at this time.

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*Another Death from Chloroform.*—During the performance of a surgical operation recently in Bellevue Hospital, New York, death resulted from the effects of chloroform. According to the verdict in the case, it appears the chloroform was administered with the utmost caution; yet almost without a previous bad symptom the patient suddenly expired. These repeated deaths from chloroform are worthy of the serious attention of the profession, and not only suggest the greatest caution in its use, but remind us of the greater safety of ether, or a mixture of ether with chloroform.

*Physicians' Visiting List for 1861.*—Although this may appear rather premature for the announcement, yet it is due to the enterprise of the publishers, Messrs. Lindsay & Blakiston, of Philadelphia, to acknowledge this little favorite as already issued and on our table. We only add that those who have once used the "Visiting List," never know how to dispense with it.

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*Ohio White Sulphur Springs.*—All the doctors that met at the Annual Meeting of the Ohio State Medical Society owe a large share of good will to the enterprising proprietor of the White Sulphur Springs, Mr. Andrew Wilson, Jr., and we are sure they will be much gratified to learn that the "season" is a prosperous one, and that crowds, both of invalids and pleasure-seekers, do congregate at the White Sulphur.

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—Dr. W. H. Donne has been elected Superintendent of the Louisville Marine Hospital.

—Dr. John H. Tate, of this city, has received and accepted the chair of Obstetrics in the Cincinnati College of Medicine and Surgery.

—The legislature of the State of Virginia at its last session passed a bill giving \$30,000 to the Medical College of Virginia, to enlarge its museum and erect a hospital.

—The Dartmouth Medical College conferred the honorary degree on M. Groux, the gentleman who traveled through our country some time since, with a congenital fissure of the sternum. He is a worthy recipient of so distinguished an honor. Would that all the men who so freely receive honorary degrees were as worthy.

—Dr. O. C. Gibbs, of Frewsburgh, N. Y., proposes to issue a "Year-Book of American Contributions to Medical Science and Literature." We shall publish Dr. Gibbs' circular in our next issue. Editors and publishers are requested to forward their publications to Dr. Gibbs, at Frewsburgh, Chautauque County, New York.

## Editorial Abstracts and Selections.

### PRACTICAL MEDICINE.

1. *Chromic Acid in Syphilitic Vegetations*.—Dr. Hairon, after describing the advantages derivable from the chromic acid in certain forms of the granular eyelid, observes that the trials he has made of the acid, as recommended by Marshall and Heller, in syphilitic vegetations, have been followed by the most complete and rapid success. The application is never attended with pain or reaction, notwithstanding the rapid destruction of tissue that takes place.—*Journ. Mat. Med., from Annales et Oculiste*.

2. *Strychnia in Seminal Emissions*.—Dr. J. McF. Gaston, of Columbia, S. C., tested strychnia for several years against involuntary seminal emissions, and says it has served his wishes so completely that he now uses no other treatment. If combined with a proper regime, it may almost be regarded as a specific in spermatorrhœa.—*Southern Med. and Surg. Journal*.

3. *Disease of the Heart in Typhus Fever*.—The following observations have been laid down by Dr. Jos. Bell (*Glasgow Medical Journal*): In numerous cases of typhus, about the fifth, sixth or seventh day of the attack the impulse and systolic sound of the heart become feeble and ultimately imperceptible, indicating a morbid alteration in the muscular tissue of the heart, especially in the walls of the left ventricle. This alteration resembles the usual changes which result from congestion and inflammation of the muscular structure; its nature, however, requires further examination, because the evidences on which the doctrine of its non-inflammatory origin rests are not conclusive, the circumstances on which Louis and Stokes have placed reliance not being uniformly present. The beneficial influence of stimulants does not prove the non-inflammatory nature of the morbid change, because in asthenic inflammation a stimulating treatment is always necessary. Whether the alteration be owing to inflammation or not, the softening must be regarded as one of the secondary effects of typhus, and the proper treatment is to maintain the action of the heart by stimulants. The same treatment is indicated in cases of cerebral

and pulmonary disturbance arising in connection with the symptoms of cardiac softening. The presence or absence of the physical symptoms diagnostic of softened heart may be relied on as affording trustworthy evidence by which the sthenic or asthenic nature of these cerebral and pulmonary affections can be determined.

From these propositions the duty of the physician is evident,—to devote the strictest attention to the action of the heart, especially in regard to its impulse and sounds, throughout the course of every case of typhus.—*Am. Journ. Med. Sciences.*

4. *An Abortive Treatment of Typhus Fever*—Is advocated by Dr. A. Kortum. Regarding the skin as the principal seat of the poisonous matter that characterizes typhus, and believing that the blood becomes charged with the virus in the capillaries of the skin, he attempts to neutralize the poison by sponging the body three times a day, with a solution of chloride of calcium, one drachm to sixteen ounces of water. A folded cloth, saturated with the liquid, is kept applied to the abdomen besides. By these means, in several well characterized cases of typhus fever the progress of the disease has been arrested and a cure effected much sooner than if allowed its habitual course. The author solicits a trial of this treatment everywhere, with a publication of the result.—*Nashville Monthly Record.*

5. *Treatment of Typhoid Fever.*—Dr. J. R. Smith, of Elytoa, Ala., favors the use of large doses of quinine in the early stages of this fever. He prescribes from fifteen to thirty grains, seldom oftener than twice, with an interval of three hours, and prefers to give them with opium and spirits of nitre. In the later stages of “pure non-complicated typhoid fever” he considers it of vital importance to quiet the bowels, and effects this by opium and tannic acid in such doses as will accomplish the desired object. The articles may be given in the solid state, in pills containing one grain of opium to four of tannin, one to be administered at every other operation of the bowels. But a better form is to saturate the tincture of opium with tannic acid, giving from forty to sixty drops at a dose, and repeating this in proportion to the frequency of the discharge. In this way he has again and again kept the bowels close as long as ten days, and the patient improved in all

his symptoms during the time. In addition, veratrum viride and oil of turpentine are given as the indications seem to demand. For a common drink a weak solution of chloride of soda has been found to answer best, and is considered an important adjuvant in the treatment.—*New Orleans Med. and Surg. Journ.*

The good effect of quinine is confirmed by Dr. W. H. Hancock, of Randolph, Tenn., in a communication to the *Nashville Journ. of Med. and Surg.*

6. *Remedy for Obesity.*—The use of the leaves and stems of *Tucus vesiculosus*, or common sea-weeds, in decoction, powders, or pills, as a cure of excessive obesity, is strongly advocated by Dr. Duchesne Duparc, in *Champonniere's Jour. of Med. and Surg.*

7. *Remedy for Chronic Alcoholism.*—Oxide of zinc has the remarkable property of restoring to health, or, at all events, of greatly relieving the disordered nervous system of persons suffering from chronic alcoholism, no matter whether the prominent symptoms are sleeplessness, hallucinations, trembling, or any other.—*Druggist's Circular.*

8. *Mixture for Dispelling Inebriety.*—Several periodicals having referred to a mineral paste invented by Dr. Beck, of Dantzic, and praised as the true antidote of alcoholic inebriety, Dr. Chevallier remarks that the real specific for intoxication is acetate of ammonia, exhibited in the form recommended by Maznyer, two, or two and a half grains dissolved in five ounces of sugared water, to be taken in one dose.—*Savannah Journ. of Med., from Journ. de Chimie Med.*

#### OBSTETRICAL.

9. *Stomatitis Materna.*—All the cases of stomatitis materna, or nursing sore mouth, seen by Prof. M. M. Pallen (*St. Louis Med. and Surg. Journ., Cincinnati Lanc. and Obs.*) were connected with inflammation of the cervix uteri, and of the superior part of the vagina, sometimes ulceration of the womb, with enlargement. This affection appears to exist prior to the sore mouth, and pregnancy or lactation increases it to such an extent as to result in gastric derangement, which is followed by the trouble in the mouth. Sore mouth has been observed in females laboring under diseases of the womb and dyspepsia, when they were neither preg-

nant nor nursing a child. It would, therefore, be rational, in the treatment of nursing sore mouth, to attend to the condition of the womb.

Dr. J. C. Reeve (*N. A. Med.-Chir. Review*, Nov., 1859) effected a complete cure in a case of this kind with the syrups of the hypophosphites previously recommended by Dr. McGugin. The affection had resisted all kinds of treatment for several years. Weaning and change of climate effected as little as chlorate of potassa, iodide and sulphate of iron, extract of gentian, iodide of potassium, tannin, quinine, decoctions of bark with aromatics, sub-nitrate of bismuth with chalk and morphine, malt liquors or lime-water. The local application of nitrate of silver, tannin and borax gave no better result. No sub-acid fruits could be eaten by the patient with impunity. The use of the syrup resulted as already stated, in a perfect recovery in about five weeks. From a communication to the January number of the same journal it appears that Dr. E. J. Fountain, of Davenport, Iowa, has been successful with the same remedy for some years, and although he thinks his own experience with it is not sufficient to establish the syrup as a remedy that can always be depended upon, there is a strong presumption in favor of the treatment.

Dr. Armor has also proposed the syrup of hypophosphites combined with Sime's elixir of Peruvian Bark.

Dr. D. S. Brandon (*Southern Med. and Surg. Journ.*, Jan., 1860,) is of opinion that oil of turpentine will be found to be the most efficient of all known remedies for this affection. It never failed him in quite a number of cases. If the bowels are costive, a dose of castor oil is premised; then he gives the turpentine, twelve drops three or four times a day, on a little loaf sugar. Should diarrhœa be present, equal doses of laudanum are combined with the oil. The cure is usually effected in from five to eight days; very bad cases may require more time.

The *Chicago Medical Journal*, April, 1860, has an elaborate article on this subject from the pen of Dr. L. Ellis. He refers the disease to functional derangement of the stomach, there being always loss of appetite, acidity, gastric uneasiness after eating, constipation or diarrhœa, biliary disorders, and frequently a rapid decay of the teeth. Tonics, antacids, and other remedies addressed to the stomach, afford, according to this statement, always

a ready relief. In accordance with this view, Dr. Hale recommended lime-water and infusion of bark,—Dr. Wood tonics, antacids and laxatives, and the prescription of Dr. Backus is said to be a good one :

℞ Carb. ferri, grs. xiv.  
Pulv. rhei.,  
Gum aloes, aa. grs. xv.  
Pulv. ipecac.,  
Sapo Hispan., aa. grs. xij.

Mix and make fifty pills, two or three to be taken twice or three times a day, or often enough to keep the bowels open.

Dr. Ellis himself uses the following two prescriptions with uniform success :

1. ℞ Mag. calc., 3 j.  
Sapo Hisp. pulv., grs. x.  
Camphor pulv.,  
Sang. canad. pulv., aa grs. v.

Mix. Dose, from three to five grains four times daily.

2. ℞ Cinch. rubr., 3 ss.  
Ferr. carb. præcip.,  
Rad. rhei, aa 3 ij.  
Port wine, O j.

Mix. Dose, a tablespoonful with each meal.

When there is loss of appetite, the tonic should be taken half an hour before eating, and the powder soon after ; otherwise, both are to be taken soon after eating. In many cases, and in the earlier stages, the first prescription is amply sufficient to control the disease. The local application of nitrate of silver gives, at most, but temporary relief, and is, under all circumstances, inadequate. Weaning the child, as recommended by many, seems to be of only a precarious value, except in very severe cases.

It appears, also, from the article of Dr. Ellis, that the disease is not restricted to nursing women, but occurs occasionally in men, boys, and girls, only being less persistent, and more readily yielding to appropriate remedies.

10. *Sunken Nipples*.—The *Medical Press* published, in a lecture of Prof. Bedford, on "the management of the puerperal woman and her child," the following practical method for elongating sunken nipples. Take an ordinary pint bottle with a long neck, fill it with hot water, then pour out the water and apply the mouth

of the bottle immediately over the nipple. As the bottle cools, a vacuum is formed, and thus a powerful but equitable suction is produced, which results in elongating the nipple. The bottle is then removed and the child applied.

11. *Irritable Nipples*.—In a correspondence of the *Phila. Med. and Surg. Reporter*, the following formula is given as being used for irritable nipples in the Dublin Lying-in Hospital :

R Oxide of zinc, 3 j.  
Myroxylon, 3 ss.  
Almond oil and white wax, aa 3 ss.  
Honey, 3 j.      Mix.

A wash of borax and prepared chalk, equal parts, in rose water, is used against cracks and fissures in the nipples.

12. *Excoriated Nipples*.—Dr. S. N. Pierce recommends (*Bost. Med. and Surg. Journ.*) as a never failing remedy for excoriated nipples, the application of twenty grains of tannic acid in one ounce of glycerine, diluted with an equal quantity of alcohol.

13. *Labor, with the Hymen Unbroken*.—Dr. John Yale records (*Boston Med. and Surg. Journal*, Nov. 10, 1859,) a remarkable case of this in an Irish woman, eighteen years of age, who had been married ten months. On examination, the hymen was felt to be in a state of cartilaginous hardness, and no aperture could be found by the finger in the vagina. Through the rectum, the inclosed waters were slightly protruding into the vagina, with the head entering the superior strait. In two hours the membranes ruptured, and the waters discharged into the vagina, producing a bulging of the hymen outward, not unlike in feeling to the unbroken bag of waters. A slight moisture only was felt on the external parts. A probe was now carried on the end of the finger in search of an orifice to be enlarged by incision, but in vain. A less forcible pressure, however, by the finger point, than had been used, broke through the hymen, it having been apparently thinned and macerated by the progress of labor. The waters gushed forth, and the child soon followed.—*Amer. Journ. Med. Sciences*.

14. *Unusual Circumstance attending a Case of Midwifery*.—On Sunday, the 12th ultimo, at 6 A.M., I was called to see Mrs. —, whom I had attended already in eight confinements, and



who was then in labor with her ninth child. She had been ill nearly all the preceding night, and on my arrival, I found the pains effectual, the presentation natural, the os uteri freely dilating, and with every appearance of a speedy delivery. And such, indeed, was the case; for in the course of half an hour it was accomplished; but, strange to say, both the foetus and placenta, which came away with it, were enveloped in a complete and impervious sac, that I had to rupture in order to disengage them.

The case terminated favorably, neither mother nor child suffering in any way whatever. There had been considerable sickness of the stomach and vomiting during pregnancy, and even up to the period of labor, casualties to which she had not been subject on former occasions. Had these anything to do with the separation and expulsion of the membranous envelope in its entirety?

I do not know whether any of my professional brethren have met with such a case, but I have never done so during an active practice of thirty-seven years, a considerable portion of which has been that of midwifery.—*W. Thomas, M.D., in London Lancet.*

#### NEW FORMULÆ.

15. *Ceratum Cantharidis*.—Wm. R. Warner offers as a substitute for the officinal formula, the following:

R Spanish flies, in fine powder, ℥ v.  
Alcohol, 817 sp. gr., (95 per ct. vol.), q. s.  
Resin, ℥ iij.  
Yellow wax, ℥ vj.  
Lard, ℥ vij.

Moisten the powdered flies with the alcohol and pack in a suitable percolator; gradually pour upon it the alcohol till it passes through without much color, which will require usually about two and a half pints. Then evaporate by a gentle heat to the consistency of a soft extract, add the resin, wax, and lard, melt them together, and, occasionally stirring, maintain a temperature of 112° for fifteen minutes. Strain through linen, and stir until cool.—*Amer. Journ. of Pharm.*

16. *Acetated Ointment of Tobacco*—Would be the proper name for the “unguentum tabaci,” as prepared since a number of years

by Wm. I. Allinson, of Burlington, N. J., and which he says (*Amer. Journ. of Pharm.*) has been in great repute among his customers as a remedy for a gathered breast :

℞ Tobacco leaves, sliced, ℥ x.  
Cider vinegar (or the official dilute acetic acid), O iv.  
Basilicon ointment, ℥ xij.

Boil the tobacco in vinegar to one pint, strain, reduce in water-bath to six fluid ounces, and add this fluid extract to the melted ointment, stirring constantly till it is cool.

17. *Unguentum Tabaci Composita*—Likewise prepared by Wm. I. Allinson, on the suggestion, and by the prescription of Dr. Jos. Parrish :

℞ Basilicon ointment, ℥ xij.  
Powdered camphor, ℥ j et ℥ v.  
Extract of belladonna, ℥ ij.  
Fluid extract of tobacco (made as in 16), ℥ vj.

Dissolve the extract of belladonna in the fluid extract of tobacco and add to the melted ointment, in which the camphor should be previously dissolved. Stir constantly till cool. Dr. Parrish himself has stated, in the *New Jersey Med. Reporter*, that he uses this ointment to the exclusion of everything else, in nearly every case of mammary abscess, and generally with entire satisfaction.—*The Druggist*, Jan., 1860.

18. *Warren's Hæmostatic, or Styptic Balsam.*

℞ Acid. sulphur, (by weight) ℥ v.  
Ol. Terebint., ℥ ij.  
Spir. vini rectific., ℥ ij.

Place the acid in a Wedgewood mortar, add the oil of turpentine slowly, stirring it constantly with the pestle ; then add the alcohol in the same manner, and continue stirring until no more fumes arise, when it may be bottled, and should be stopped with a ground stopper. This preparation has been highly recommended in hæmoptysis, hæmatemesis, epistaxis and menorrhagia. The dose is forty drops, and the method of using it as follows : put a teaspoonful of brown sugar in a common sized teacup, and rub in forty drops of the preparation, until it is thoroughly incorporated, and then slowly stir in water until the cup is nearly full, when it should be immediately swallowed. This may be repeated every

hour, if necessary, until three or four doses are taken; its use should be discontinued, when fresh blood ceases to flow.—*Med. and Surg. Reporter.*

19. *Pagliari's Hæmostatic.*

R Tincture of benzoin, oz. viij.  
Alum, ℥ j.  
Water, ℔ x.

Boil for six hours in a glazed earthen vessel, constantly replacing the vaporized water by hot water, and stirring the resinous matter. Then filter, and keep in stopped bottles. Hepp, of Strasbourg, has substituted white resin for the benzoin.—*Nashville Monthly Record.*

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Obitua! Record.

DIED, in Dayton, Ohio, on the 17th of June, Dr. JOSEPH HAINES, in the 69th year of his age.

Thus has passed away one of the early settlers of the South-Western part of Ohio, and one of the most venerable members of the medical profession in the State.

Dr. Haines settled in Dayton as early as the year 1816, having come to Ohio a short time before from New Jersey, of which State he was a native. He studied his profession there, and attended lectures at Philadelphia when Rush was the leading man in that city.

Having spent more than fifty years of his life in our community, the estimation in which he was held by his fellow-citizens can not fail of being a fair criterion by which to judge of his worth; and it is not saying too much to state that no man could have been removed from that community who possessed in a greater degree the confidence and esteem of every one, or for whose loss there would be a more general expression of sorrow. Gentle and quiet in his demeanor, plain and unassuming in his manners, kind in his disposition, an upright and honest man, a careful and judicious physician, a consistent and devoted Christian,—he has left his friends and professional brethren to mourn their great loss, and to strive to profit by the bright example which he so unostentatiously set before them.

About three years ago Dr. Haines first complained of symptoms of heart disease; and he has suffered occasionally ever since that time from aggravations of those symptoms. He continued, however, the usual occupations of his life until the time of his death. Professional assistance was called

on the afternoon of the 6th; there was nothing unusual or alarming in his symptoms, and he was left at night reclining on a sofa, where he preferred to remain and await the operation of medicine before evening. He was visited a few hours afterwards by his wife, who, seeing him in the same position, supposed him to be asleep; but in the morning he was found to be dead: his spirit had passed away in the still watches of the night, and left its earthly tenement without a struggle. Fit termination of life for one whose measure of years was full, and who had spent them in usefulness and good deeds.

The Montgomery County Medical Society, of which Dr. Haines was a most regular and punctual attendant, at a meeting passed the following preamble and resolutions:

*WHEREAS*, It has pleased the all-wise Disposer of events to remove from our midst by death our venerable associate, Dr. Job Haines, the oldest member of the Society, and for many years its honored President; therefore,

*Resolved*, That in the death of Dr. Haines the medical profession has lost one of its truest and most valuable members—a man in whom the loftiest traits of professional character were combined with every virtue that adorns and ennobles humanity.

*Resolved*, That in paying this tribute of respect to the memory of our departed friend, we record our high appreciation of those sterling qualities of head and heart which made him preeminent among his brethren, and secured for him a reputation more enduring, and far more to be desired, than the poet's wreath or the conqueror's laurel. As a man and a citizen he was without reproach in all the relations of life, justly distinguished for his benevolent impulses, and the spotless purity of his character; as a physician he was ever kind and sympathetic, diligent in his attention to the sick, and solicitous for their recovery, while he enjoyed the unlimited confidence and respect of all his professional brethren; as a Christian his light shone with unwavering and increasing brilliancy—vital religion was the support of his manhood, and the solace of his declining years. His long life was a continued exemplification of those principles which he professed, and which had been derived from pious parents and the volume of divine inspiration.

*Resolved*, That we tender to the bereaved family our heartfelt sympathies in this, the hour of their affliction; and that in token of our respect for the deceased, we will attend his funeral in a body.

*Resolved*, That these resolutions be published in the city papers, and in the medical journals of the State, and that a copy be transmitted to the family of the deceased.

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DR. ADDISON, the distinguished physician of London, attached to Guy's Hospital, died June 29th, in the 67th year of his life. Every medical man is acquainted with his great and valuable scientific labors. He first traced the connection between a bronzed state of the skin and a diseased state of the supra-renal capsules. M. Trousseau gave the name of *morbus Addisonii* to this disease, by which it will continue to be known. Dr. Addison has followed his colleague Bright, and his friend Todd, leaving the profession to mourn the loss of three eminent, worthy and useful physicians.



**BLACKMAN'S CASE OF OSTEO SARCOMA OF LOWER JAW.**



Front View.



Side View



VIEW after OPERATION

**BLACKMAN'S CASE OF OSTEO SARCOMA OF LOWER JAW.**



Front View.



Side View





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THE  
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E. B. STEVENS, M.D., J. A. MURPHY, M.D., AND G. C. E. WEBER, M.D.

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Original Communications.

ARTICLE I.—*Osteo-Sarcoma of the Lower Jaw, of immense size, successfully removed.* By GEORGE C. BLACKMAN, M.D., Professor of Surgery in the Medical College of Ohio, Surgeon to the Commercial, St. John's, and St. Mary's Hospitals, Cincinnati.

On the 2d of July, 1859, Lemuel Hinedon, a negro, aged 30, was admitted into St. John's Hospital for the removal of the lower jaw, which was affected throughout a considerable extent with the disease known as osteo-sarcoma. The magnitude of the tumor caused him to present a frightful aspect. From the history of the case as recorded by Dr. John A. Billings, then resident physician at St. John's Hospital, it appears that nine years before one of the molar teeth on the right side of the lower jaw became loose, and was somewhat painful. Soon after he noticed a small tumor on the bone, which, however, gave him no uneasiness. It increased slowly but steadily up to the time of his admission. In some parts the tumor was quite hard, in others it had an elastic feel, imparting even the sensation of indistinct fluctuation. Deglutition and respiration not seriously disturbed, although the power of mastication was nearly lost. On the buccal aspect of the tumor were two small ulcerated patches, through which, he stated, from time to time he had lost large quantities of blood. Just previous to his admission his strength had been reduced by an alarming attack of hæmorrhage. The appearance of the patient is well represented in Plate I., fig. 1, fig. 2.

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The patient having been brought under the influence of chloroform, with the assistance of Drs. Tripler, Foster, Fries, and Muscroft, I commenced by making a single curvilinear incision, commencing in front of the ear, on the right side, and passing over the most prominent portion of the tumor, to near the left angle of the jaw. The soft parts were next rapidly dissected from the bone. Both facial arteries were divided, and were found to be much enlarged. The hæmorrhage from the left was controlled by pressure, but the retraction of the vessel beneath the huge mass on the right side rendered this ineffectual; and this, together with the gushing from every part of the diseased bone, caused the patient to lose an enormous quantity of blood. Seizing the most prominent part of the tumor with both hands, I wrenched out the largest portion, and the persulphate of iron was freely applied to the bleeding surfaces. The flow was at length checked, but not until the pulse and respiration had become almost imperceptible. In a few moments he rallied, when I proceeded to remove the body of the jaw as far back as the angle. At this point no trace of osseous structure remained. The exhaustion of the patient now became extreme, and it was evident he could not then survive the completion of the operation. Beef tea and whiskey were administered, both by the mouth and rectum. Aided by artificial respiration, reaction was established in the course of half an hour, when the wound was closed, and the patient made comfortable in bed. Hæmorrhage occurred during the night, but was controlled without difficulty. On the third day the stitches were removed, and the wound was almost entirely united. He still felt considerably prostrated. On the sixth day, however, he was able to leave his bed, and to walk around the room. Two weeks after the operation he felt as well as ever.

On the 7th of August, thirty-six days after the first operation, I proceeded to remove the remaining portion of the tumor. Finding that the cheek hung loose and flabby, I made two curvilinear incisions, inclosing a flap of skin about four inches in width. The neck and condyle of the bone were healthy; but the ramus with the overlapping structures were so degenerated and blended that it was impossible to distinguish them. The morbid mass extended deeply towards the root of the tongue. After the division of the integuments, the knife was laid aside; and with the



bone gouge forceps I succeeded in breaking up the mass completely, and in extirpating to the articulation. The large mass involving the root of the tongue was raised by an assistant, so that I succeeded with less difficulty than I had anticipated in wrenching out the entire morbid structure. The hæmorrhage was readily controlled by the application of the persulphate of iron, as fast as fresh portions were exposed by the gouge forceps.

Nothing of particular moment occurred during the patient's convalescence, which was rapid. On the 28th of August he went to work, his health being perfectly reëstablished. He could masticate with ease. Even after the removal of the flap above mentioned, for some weeks, the cheek appeared rather loose, and the motor powers of the right side of the face were greatly impaired, as the portio dura was so intermingled with the degenerated mass that it was necessarily divided, and portions of it removed with the tumor. The parotid gland itself was indeed from the same reason in greater part extirpated. We think, however, that any one, after examining fig. 3, from a photograph taken eight weeks after the first operation, will agree with us that the appearance of his face is very satisfactory. In July last, a year having passed since he came under our treatment, Lemuel was carefully examined by Dr. Foster and myself, and we could discover no signs of a return of the disease. It may be well to state, in this connection, that there is reason to believe that he has not gone to bed sober a single night since he recovered from the last operation.

There are some points of interest in the above case, to which we desire to call special attention. In the first place, ought not the surgeon, before attempting the removal of so large a tumor of the lower jaw, to ligate the primitive carotid artery? In support of this practice, as is well known, we have the high authority of Dr. Valentine Mott, whose name is so honorably associated with the early history of these operations for osteo-sarcoma.

In the *American Journal of the Medical Sciences* for October, 1856, we published the report of a case in which, for a most formidable osteo-sarcomatous tumor, we removed the *entire* lower jaw. The tumor had been growing for forty years, and had obtained such fearful magnitude that the patient was threatened with suffocation. In that operation, although the facial arteries bled freely, they were readily controlled by pressure until the lig-

atures were applied. In other cases, where we had removed the lower jaw from the articulation, we had encountered no serious difficulty in arresting the hæmorrhage. At the close of our report, to which we have referred, after alluding to other instances in which tumors of this kind, of immense size, had been successfully removed without resorting to the ligature of the carotid, we used the following language: "I will only add, that if in the terrible operation performed by Professor Syme, as well as by myself, but a few ounces of blood were lost, surely, in operations of less magnitude in this region, the ligature of the primitive carotid must be unnecessary." Now, does my case of the negro Lemuel call for a modification of the above opinion? Let us briefly analyze the cases reported by Dr. Mott. We quote from our edition of Mott's Velpeau, vol. ii., p. 347. In his first case, Catharine Bucklero, the ligature of the carotid caused her to become "agitated and perturbed to a great degree." This "remarkable agitation" led to the postponement of the operation, which was performed the next day. In reference to the hæmorrhage, we find the following:

"Very little blood was lost during this operation. Two arteries only of any size were divided, the facial and the lingual, and these only required the ligatures to the branch extremities; but each end was tied for safety. Another small artery behind, and a little underneath the posterior angle of the jaw, yielded some blood and was tied." The tumor in this case was of moderate size; yet we find, after the ligature of the carotid, that five ligatures were applied to divided vessels during the operation.

In Dr. Mott's second case (op. cit., p. 354) the tumor was much larger, presenting "an appearance in size equal to that of his head." The carotid was tied, and *four* ligatures were applied during the removal of the jaw. The operation was performed at noon, on the 15th of May, 1823, and he died on the 19th at 4 o'clock P. M. The post mortem showed extensive thoracic disease; "each lung exhibited marks of high inflammation throughout their whole extent;" and within the pericardium was a pint of yellow serum. There was also "a massy deposit" of coagulable lymph in the anterior mediastinum. We shall have occasion again to refer specially to the cause of death in this instance.

In Dr. Mott's third case (op. cit., p. 357) the tumor had been of

rapid growth, and was about three inches in its transverse, and from five to six in its longitudinal diameter. The primitive carotid was tied, and yet the report states "the hæmorrhage was exceedingly profuse," requiring, we are told, the ligature "of some fifteen to twenty vessels."

I am not aware of any other cases reported in detail by Dr. Mott, although Velpeau, in his Table of Cases of Exsection of the Lower Jaw, affixes to his name nine cases — two disarticulations and three deaths. In each of the cases to which we have referred, Dr. Mott removed the bone at the articulation. Dr. Mott is of the opinion that there will be less hæmorrhage if the removal of the jaw is performed the day after the ligature of the carotid, as the branches of that vessel will have more time to contract. Now, at page 345, op. cit., we find that M. V. De Lavacherie, of Leige, Belgium, lost a patient from hæmorrhage immediately after the operation, although the carotid had been tied the day before. In February, 1848, we disarticulated the lower jaw, where the face was greatly swollen, presenting even a fungoid appearance. The hæmorrhage from the facial artery ceased without a ligature; and even that from the trunk, or one of the main branches of the internal maxillary (caused by an unexpected plunge of the patient), was readily controlled by pressing a piece of sponge into the wound. On the 25th of March, 1848, we disarticulated the left half of the lower jaw, removing the bone (osteosarcoma) from the chin to the articulation. Only one vessel, a branch from the internal maxillary, was tied during the whole operation. In our case of disarticulation on both sides, — removal of the entire bone for osteosarcoma — (*Am. Journ. Med. Sciences*, Oct., 1856) not more than eight ounces of blood were lost; and in another case where we removed, for necrosis, at the articulation, the hæmorrhage was trifling. It was not until we encountered our fifth case of disarticulation — and we had had several operations where the body of the bone only was removed — that our patient had a narrow escape from death by hæmorrhage.

Altogether, we have had *five* cases of disarticulation of the lower jaw, a number equal to that of any European, and exceeding that of any American surgeon mentioned in Velpeau's statistics, op. cit., p. 339, vol. ii. In these and in five others in which we have removed the body of the bone, we have never tied the

carotid artery as a preliminary step. Our only fatal case is that where we removed the entire bone ; and we believe the numerous physicians who witnessed that operation attributed, with myself, the death to the conjoined depressing influences of chloroform and intense heat, the thermometer ranging during the greater part of the day at 100° Fah.

In the case of the negro on whom Dr. Mott operated, it may, we think, fairly be a question whether the patient did not die in consequence of the ligature of the carotid. The appearances presented at the autopsy were precisely those mentioned by Mr. James Miller, in a paper published in the *London and Edinburgh Monthly Journal of Medical Sciences*, for January, 1842, the object of which was to show that inflammation of the lungs is the most common cause of death after the ligature of the main arteries of the neck. Indeed, Dr. Mott himself in 1820 called the attention of the profession to the fact that the ligature of the primitive carotid may aggravate *existing* pulmonary disease, as was the case in which he resorted to this step to lessen the flow of blood to a fungoid tumor of the neck which he was about to extirpate (*N. Y. Hosp. Med. and Surg. Reg.*, 1820). The same result followed one of our own operations, in June, 1843, undertaken for the purpose of arresting the growth of a large bleeding encephaloid tumor of the neck. Besides the pulmonary and cerebral difficulties which have been clearly proved to follow the ligature of the primitive carotid artery, there is another fearful risk from the operation. Mr. Crisp, in his *Treatise on the Diseases of the Blood-Vessels* (London, 1847), has given us the details of twenty-one cases in which the carotid was tied for aneurism, and of the eleven fatal cases — ten only having been successful — five died from *hæmorrhage* !

The statistics collected by Dr. Norris, and published in the *American Journal of Medical Sciences*, for July, 1847, show the serious character of the operation of ligating the primitive carotid artery ; for of one hundred and forty-nine cases, thirty-two were fatal, from hæmorrhage, cerebral or pulmonary disease. Here, then, we have one death in four and seven-tenths cases, from an operation recommended to us by the very highest authority, as a *precautionary* step in the removal of tumors of the lower jaw. The mortality is about equal to that from the latter operation itself —

one in four—of one hundred and sixty cases collected by Velpeau.

From all the facts to which we have referred, we feel authorized to reject the ligature of the primitive carotid, as practiced by Dr. Mott, in the exsection of the lower jaw. We expect in a very few weeks to operate in another case, in which the tumor (osteosarcoma) is fully as large as that which forms the subject of the present paper; and we have no idea of applying a ligature to the primitive carotid. Compression, persulphate of iron, and ligatures to divided vessels, are all the means which we expect to employ to guard against hæmorrhage.

The case of the negro Lemuel presents another point worthy of notice. Mr. Fergusson, in his *Practical Surgery* (Lond. ed., 1857, p. 668), has given us the following rule in reference to the removal of integument: "Whatever bulk the tumor may be in any part of the bone, the whole of the skin should always be retained; for it will soon contract, however much it may be distended." With all due deference to the opinion of this accomplished surgeon, we maintain that the results in the above case lend no support to the rule inculcated; and even after a year from the time of the operation, notwithstanding our liberal removal of integument, a little more contraction seemed desirable. However, as before stated, we think no one who saw Lemuel before the operation can find fault with his present appearance.

Again, it will be remembered that in our second operation we used the bone gouge forceps to break up and remove the morbid mass. Our experience with this instrument in similar operations leads us to speak of it with unqualified praise. A few months since we removed with it the upper jaw of a lady affected with osteosarcoma, the face, of course, afterwards not being in the least disfigured. The tumor presented precisely the same appearance as that represented in Mr. Fergusson's work, fig. 357, and for the removal of which Mr. F. made an incision in the mesial line in the hollow of the lip. With the bone gouge forceps in similar cases, and even of much larger dimensions, no external incision is necessary.

Finally, in the case of Lemuel we required two operations to complete the extirpation of the enormous mass. No one ever questioned the boldness or skill of Dieffenbach; yet with all his

skill and daring, he once thought it expedient in a similar case to resort to three different operations. A graphic description of this case may be found in the chapter on exsection of the lower jaw, in his work on Operative Surgery. The difficulties encountered in some of these tumors must deter any prudent surgeon from the attempt to complete the task at a single operation. In our own case we were well satisfied to bring the patient safely through, even at the second trial.

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ART. II.—*Ophthalmic Cases and Observations.* By E. WILLIAMS, M.D., Cincinnati, O.

LAMELLAR CATARACT.

This variety of cataract has been long known to ophthalmologists, by some of its striking characteristics; but the first description based on its *anatomical* peculiarities is due to Edward Jaeger, in his work on Cataract. Prof. Arlt, of Vienna, gives a short but good account of it, under the name of *Stationäre Kernstaar Jugendlicher Individuen*—*stationary nuclear cataract of young persons*. Mackenzie devotes but a few lines to what he calls *central capsulo-lenticular cataract*, which is in fact the same disease. But the first elaborate description was given by Dr. A. V. Graefe, of Berlin, in 1855, in the *Archiv für Ophthalmologie*. Several reports from different persons have been given of cases of the same kind, in the same journal. In the *North American Medico-Chirurgical Review* for September, 1857, is an article from my own pen on the same subject, with a report of a case.

As to its frequency, there is much difference of opinion: some say it is very rare, while others, with Graefe, assert that it is the most frequent form of cataract in young persons. In the course of the last few years I have seen certainly fifteen or twenty cases in my own practice.

This disease is by far most common in early life—occurring most frequently, perhaps, before the seventh year; but, being at first but a slight spot of opacity, and interfering comparatively little with vision, it escapes notice till the child is put to school. Graefe states that he has never seen it before the fourth year, because previous to that time it goes unnoticed, the child not being required to exercise very close sight.

It is certain that medical advice is usually sought in such cases for supposed myopia, or for defective sight, the cataract not having been detected by the parents. Not unfrequently they are referred to the oculist by the optician, in consequence of his inability to suit them with glasses.

Whether congenital, occurring at a very tender age, or at a later period, as it sometimes certainly does, the disease generally makes rapid progress for some months or a year or so, and then remains stationary for an indefinite time—most commonly, as would seem, for the remainder of life. I have a case in the person of a young lady, who has been under my observation for the last five years, and I have not detected the slightest change either in the color or volume of the opacity; and the vision remains constantly the same. Prof. Arlt has observed such patients for a much longer time, without seeing any change whatever; and one in particular where he had good reason to believe the cataract had remained stationary for forty years. It has, however, been seen not unfrequently to begin anew, after a longer or shorter period of quiescence, and invade the entire lens, losing its peculiar appearances as it progresses.

Schichtstaar, as it was first called by Jaeger, or lamellar cataract, is a circumscribed opacity of a thin lamina of the lens, the peripheric and cortical portions of the organ, as well as the nucleus, remaining quite transparent. When the pupils are small the opacity is of a diffused bluish white character, and one does not see any difference between it and ordinary cataract; but when the pupil is dilated by atropine, its peculiarities become striking. It is seen then as a well defined circular opaque spot in the centre of the pupil, varying in diameter from one to three lines or more. It is uniformly saturated throughout, and terminates by an abrupt margin, which contrasts strongly with the surrounding zone of transparent lens. Most frequently there is, just in the centre of this circular opacity, a whitish spot composed of a number of small opaque specs crowded together, sometimes situated immediately within the anterior capsule, and at others a little deeper in the lens. This white spot varies in size from a small pin's-head to two or three times that size. Examined with the ophthalmoscope, lamellar cataract appears as a dark brownish disc in the centre of the bright red pupil. The disc is a little red in the

middle, usually, and more brown around the margin, when the light falls perpendicularly upon it. When viewed obliquely, it is more whitish and uniform throughout. The distance between its edge and the margin of the lens—that is, the width of the surrounding red zone—shows that the periphery of the lens is transparent; the reddish tint in the centre of the brown disc, by perpendicular light, indicates the transparency of the nucleus, and the distance between the plane of the opacity and the plane of the pupil, which is best seen by throwing the light obliquely into the eye, shows that the anterior cortical substance between the capsule and the opaque lamina is transparent also. Sometimes the opacity is traversed by delicate lines, radiating from its centre like the spokes of a wheel; and in one case which I have under observation there are three branches to be seen diverging from the centre—one upwards and outwards, another upwards and inwards, and a third downwards, as in *cataracta dehiscens*.

In some cases small radiating lines are seen, running from the margin of the opacity outwards towards the periphery of the lens, giving the cataract a stellated appearance. Rarely these radiating linear opacities are not continuous, but interrupted in the form of opaque dots. To make the true anatomical nature of this curious variety of cataract clear to the mind, the case may be stated in this way: Proceeding along the axis of the lens from before backwards, we have, 1st, The capsule and some of the laminæ in the anterior cortical substance, clear; 2d, A thin opaque lamina; 3d, The nucleus of the lens, transparent; 4th, The same opaque lamina in its posterior hemisphere; and, finally, the posterior cortical substance and capsule clear. In other words, there is a thin opaque layer of opacity enveloping a transparent nucleus, and surrounded by transparent cortical substance. Dr. Graefe has extracted some four or five lenses affected with this form of disease, and found by dissection the exact conditions which I have stated; so that the anatomical nature of lamellar cataract is clearly ascertained.

The vision is always more or less impaired in such cases, according to the size of the turbid disc. All the patients appear myopic, as they are compelled to hold small objects very near the eyes in order to see them. In many patients where the cataract has existed from infancy, there is nystagmus or rolling, jerking



movements of the eye, which are quite involuntary. Dilatation of the pupil usually improves the sight very much by uncovering a zone of clear lens, and thus admitting the light around the opacity.

In illustration of this fact, I will make an extract from the case above referred to, which I published in the *N. A. Med.-Chir. Review*: "As to the vision of the patient, he sees badly at all distances, and appears very myopic when made to examine a minute object. In attempting to read, he holds the book about four inches from the end of his nose; and even then makes out common sized print with difficulty. His sight is not perceptibly benefitted by any sort of glasses, for he has made repeated trials of all kinds; nor has it changed for the last six or eight years. As soon as I dilate the pupils, however, he can see a great deal better in the distance, and is able to read with tolerable ease at ten or twelve inches. This is plainly due to the fact, that when the pupils are of the ordinary size they are smaller than the opaque discs, and the images on the retina are of course then very little illuminated."


I will now detail a case which presents several points of great practical importance:

Mr. H—, aged 28, and a teacher by profession. He had good sight till he was 16 years of age, when both eyes became affected at once, and in a few months his vision was very much impaired. In the fall of 1854 his left eye was operated upon by an oculist of this city, who entered with a needle through the sclerotic, broke the lens to pieces, and pushed a large portion of it into the anterior chamber, a proceeding which no intelligent ophthalmologist of the present day would risk, especially in this form of lenticular opacity. In about twelve hours after the operation the eye was attacked by pain and inflammation, which continued with occasional amelioration for about ten weeks—the patient's sufferings at times being intense. The pain finally ceased, and the sight was so far restored that he could read common print with glasses of two and a half inches focus. This moderately good vision remained about the same for some three years, when it failed rather suddenly, as he says, in the course of a week, so that he could not see to read. On the 1st of February, 1859, I saw him for the first time. The pupil of the left eye was small and somewhat irregular, with sluggish and quite limited

movements under changes of light. There were numerous points of adhesion between the pupillary margin and the opaque capsule. At the inner side of the pupil the capsule is thinner; and it is through this part that he enjoyed what sight he possessed. He could see large objects indistinctly, but could not read with it. When dilated by atropine it acquired twice its usual size, but was somewhat irregular, and its edge drawn backwards by the adhesions of the capsule. *It is marvelous* that the eye was not disorganized by the severe and long continued inflammation that followed an operation so *unjustifiable*.

In the right eye, when I first saw him, there was a central opacity of the lens, with a well defined margin, about three lines in diameter, and of a uniform color and appearance, except a faint flocculent aspect. With the pupil undilated, his sight was so imperfect as to be of but little value; when the pupil was dilated he could see considerably better, and the shape and entire extent of the opacity was readily discerned. From its abrupt margin numerous opaque radii extended into the clear peripheral zone of the lens. Examined with the ophthalmoscope, the disc appeared of a brownish color, with a reddish tinge in the centre, when viewed perpendicularly, but more uniform and whitish by an oblique inspection. Around it was, as usual, a bright pink zone, corresponding to the transparent periphery of the organ, and through which the retina and optic papilla could be recognized as normal, though the field of vision was much abridged by the central opacity, as it always is.

On the 1st of February, 1859, I operated by making a careful incision in a horizontal direction, about one line in length, in the centre of the anterior capsule, entering the needle through the cornea half way between its centre and the upper and outer margin. The lens was as little injured as possible in the operation. The pupil was thoroughly dilated before the operation, and kept so during the following three weeks. The lens swelled rapidly by the imbibition of aqueous humor, protruding through the rent in the capsule, in the form of a horizontal ridge projecting into the anterior chamber, and reaching from one margin of the pupil to the other. The swelling and hernia of the lens extended the cut in the capsule to at least three times its original length. The swelling and projection forwards continued till the fourth day,



when the entire lens fell into the anterior chamber. It rested against the cornea, and obscured the entire iris, except a few points near its ciliary margin. As it did not give rise to any pain or inconvenience, and caused scarcely any redness of the eye, I allowed it to remain there six days. By this time the anterior ciliary vessels were injected, and the patient began to feel some uneasiness in the eye, and I extracted the softened lens through a linear incision in the cornea. I made the incision with a spear knife, about one line from the sclerotic, and dilated it by the point of the instrument, as it was withdrawn, so that the opening into the anterior chamber had the dimensions of some two and a half lines. The aqueous humor escaped, and with it some of the softened lens. By pressing with the end of the scoop on the external lip of the wound, and making careful counter-pressure on the opposite side of the globe, the whole of the lens escaped. In twenty-four hours the wound had healed, and the eye was in the most satisfactory condition. There was now seen a large oval opening in the anterior capsule, occupied by a thin, delicate, semi-transparent membrane, which made his vision very imperfect—but little if any better than before the operation. Fifteen days after the extraction I used a fine needle, and tore a small hole in the centre of the membrane occupying the middle of the pupil. In a few hours after this the eye grew painful, and was threatened with iritis; but this subsided promptly, under the application of leeches and the energetic use of atropia. In three or four days the patient went to his home, in the country, able to read and write well, and pursue his occupation of teacher. His vision remained very satisfactory for about one year, when it began to fail, and in about four weeks was so bad that he could not read even large print, except with much difficulty. Unable again to pursue his profession, he returned to see me on the 30th of the past month, August. I dilated his pupil and examined the eye very carefully, because it was a doubtful question whether the recent failure in vision was due to a new obstruction in the pupil, or to some disease of the retina or choroid. By simple inspection near the window I could see the large oval opening in the capsule before described, and the faint appearance of an exceedingly delicate film occupying the entire opening; but by concentrating the light upon it with a strong lens it became more appa-

rent. The use of the ophthalmoscope in a darkened room with artificial light made its existence much clearer. On looking into the pupil perpendicularly, the optic papilla and retinal vessels could be seen, but not in their normal distinctness; appearing rather as if slightly veiled by some intervening obstruction. The opaque portions of capsule surrounding the oval aperture were much less translucent than the delicate film described above. The contrast between the two portions was rendered striking by a white opaque line which marked the termination of the one and the beginning of the other. By placing the light in front of the face, and concentrating it upon the pupil by a strong convex lens, I could readily distinguish the fine membrane filling out the entire large central aperture.

Satisfied that this thin film was the cause of his impaired vision, I proceeded to lacerate it with a solution needle through the cornea, making a crucial incision of considerable size in its centre. No reaction whatever followed the operation, and on the following day he could easily read, with a lens  $+2\frac{1}{2}$ , at a distance of ten inches, print No. 1 of Jaeger's Scale, which is exceedingly fine, being eight sizes smaller than ordinary newspaper print. After the division of the membrane, its retracted edges became quite visible by ordinary light, contrasting decidedly with the clear, central aperture made by the needle. An ophthalmoscopic examination now revealed objects in the background of the eye with perfect clearness.

There are several points of special interest in this case to which I wish to call attention. One is the age at which the cataract occurred: it commenced in his 16th year, while as a general rule it begins earlier, as I have mentioned before. Another is, a tendency in this form of cataract to rapid and extensive swelling of the substance of the lens, when exposed to the imbibition of aqueous humor. The danger resulting from this has been particularly dwelt upon by Graefe, as well as the precautions to be taken in operating. Depression is not practicable, on account of the softness of the lens; extraction by a flap is not desirable, because of the severe injury to the eye, and the difficulty arising from the natural adhesion between the lens and the capsule, when the cortical substance is not diseased; besides, less dangerous operations suffice for its relief. Extraction by a linear incision,

where the patient is young and the lens is sufficiently soft to admit of being removed in that way, is a much less risky operation. Discision — that is, the breaking up of the lens, either through the cornea or the sclerotic, and especially the pushing of large or numerous fragments through the pupil into the anterior chamber, as was done in the patient's left eye,—is an extremely hazardous procedure, as the history of the operation on that eye and its present condition fully prove. The mere division of the capsule through the cornea, leaving the lens *in situ*, and as much as possible uninjured by the needle, is the method freest from danger, and most generally applicable. The safest plan is that recommended by Graefe, of making a *very small* incision in the capsule the first time, so as to guard against too rapid and dangerous swelling. If the absorption comes to a stand-still after a few weeks, then the operator can risk a more extensive laceration of the capsule.

As lamellar cataract usually occurs in young persons, one can get rid of the lens by absorption in a few months by this simple method — repeating it once or twice, if necessary, at intervals of a few weeks or a month or so. The only danger to the eye is from the rapid swelling of the cataract after the first operation; and that can generally be avoided by making the cut in the capsule very limited. If swelling occurs, giving rise to iritis and pain, the only way to give immediate relief to the pain, and rescue the eye from imminent danger, is to extract by linear incision of the cornea. This operation is facilitated by the softening of the lens, which occurs after it is exposed to the action of aqueous humor. If the swelling attains that degree which leads to escape of the whole mass of the lens into the anterior chamber, extraction should then be practiced without delay. In the right eye of the patient described this occurred on the fourth day, and I allowed it to remain in the anterior chamber six days, only because it gave rise to no pain, and scarcely any appreciable redness of the eye. On the occurrence of the slightest inconvenience and injection of the eye, I removed the lens as detailed above. It is exceedingly hazardous to wait for absorption in such a case. The energetic use of atropine, after the operation by solution, is indispensable in preventing pain and iritis with closure of the pupil.

If one is in a hurry with the case, even though no untoward accident occurs giving rise to the *absolute necessity* of linear extraction after the needle operation, still it may be done in ten days or two weeks, as the lens is then sufficiently softened to be easily removed in that way. By a combination of these two methods the treatment is comparatively free from danger, and very much abridged. I have treated several patients in that way, with very happy results.

After the operation of lamellar cataract, or any other kind, by solution, there remains very frequently secondary cataract, caused by the presence of opaque capsule or false membrane in the pupil. This of course interferes more or less with vision—generally very much—and requires an operation for the removal of the capsule which is by no means always easily executed or free from danger. If the rent in the anterior capsule is large, as it was in this case, and the centre of the pupil only occupied by a delicate filmy opacity, a small hole torn in the middle by a needle will be quite sufficient. Whether the membrane in this patient was the opaque posterior capsule, or a thin film like an opaque byaloid membrane, which developed as a *new production* in the large oval rent in the anterior capsule, I can not say. One thing, however, is certain, that the rent which I made in this filmy obstruction, a few days after the extraction, and *through which the patient enjoyed good sight for more than a year*, was finally filled out and obstructed by a new formation, so as to produce a continuous veil in the pupil. By lacerating this, his sight was immediately restored to the gratifying degree which I have mentioned.

That a clear cut in the capsule of the lens, in the membrane of Descemet, and other structures of that class, sometimes heals without the least visible trace, has been established by experiments on animals, and observation of what occurs after the operation of cataract by solution. That the wound in this operation frequently closes by approximation and adhesion, after a few days or weeks, is well known; of course, absorption then ceases, and the capsule must be again punctured. Doubtless, reunion of the edges of the wound in the capsule would occur frequently, if not always, and in a very short time, if it were not prevented by the swelling and protrusion of the lens, by which they are more or less separated.

Recently, Donders, Müller, Graefe and others, have shown that a new production may be formed which fills out the opening in the capsule, becoming continuous from one edge to the other. Graefe describes a case in the *Archiv für Ophthalmologie*, where he cut out a large central piece from an opaque capsule, with a needle (the piece falling down into the bottom of the anterior chamber, and becoming finally fixed by an agglutination to the membrane of Descemet), and where this large opening was filled out in some three weeks by a filmy opaque membrane, which must have been a *new production*. He lacerated it with the same happy result which I had in my patient. He is so well satisfied of the possibility of this occurrence, in every case (especially in persons advanced in years), that he always informs his cataract-patients, when they leave him after successful removal of all obstruction to vision, that in the course of months or years their sight may again grow dim, and require another slight operation for its complete and permanent restoration. There is, as he says, no danger to be apprehended from this little operation, where the lens has been *removed from* the eye by extraction or absorption; but if the cataract has been depressed, and *remains in the eye*, the mere division of a fine film in the pupil, subsequently, is apt to give rise to severe inflammation. He mentions three cases where this accident followed, and bases on that a recommendation not to interfere with the new membrane in such circumstances.

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ART. III.—*Case of Strangulated Femoral Hernia: successful operation for it.*—By W. H. MUSSEY, M.D. Reported by J. A. THACKER, M.D., Cincinnati, Ohio.

On the 23d of July I was called to see Mrs. M——, a seamstress, aged 43, for whom at different periods, for a long time, I had prescribed for constipation of the bowels, attended with severe pain. On my arrival I found her suffering apparently from her old affection; her bowels had not been moved for several days, and she was complaining very much of pain about the umbilical region. Pulse good, tongue clear, but dry.

She informed me that the day previous (Sunday) she had discovered for the first time a "lump" in the right groin. Beyond

going to market the evening before, she was not aware of having undergone, for several days, but very slight physical exertion. Three weeks previously, however, she had fallen down and hurt herself at that point, and she was inclined to believe that that was the origin of the tumor.

On examination I found a tumor in the right groin rather larger than a walnut, and equally as hard. There was no pain in it, but upon hard pressure she complained of some tenderness. The integuments being very thick, I could not satisfactorily trace any *neck* to it; coughing had no effect upon it. Taxis having no effect in reducing its size, and as the patient had oftentimes previously similarly suffered, I hoped that if the tumor was a hernia the present symptoms were not the result of any strangulation in it. Accordingly, I prescribed a cathartic of comp. ext. colocynth, which had formerly given relief. Having vomited the colocynth as soon as she took it, I substituted two grains of calomel every six hours.

On the morning of the following day, upon calling, I found that her bowels were still unmoved. As she was suffering much with pain, I prescribed a fourth of a grain of morphine to be taken every four hours, and directed injections of cold water to be used during the day.

Upon again calling Wednesday morning, I found my patient very much relieved. Although her bowels had not been moved but to a very slight extent, the pain had subsided, tongue clean and moist, and pulse good; indeed, she expressed herself as feeling quite well. Apparently confirmed in my impression that the case was not one of *strangulated* hernia, I prescribed an ounce of castor oil, hoping that on my visit the next day I would find my patient entirely relieved. My expectations, however, were doomed to disappointment; for, instead of relieved, I found her suffering with constant vomiting, and great pain of the bowels, which were tympanitic and quite tender.

As it was evident that medication could be of no further avail, as the case was undoubtedly one of *strangulated* hernia, I called upon Dr. W. H. Mussey, who visited the patient with me. Renewed attempts having been made by him at reduction by taxis, without avail, it was agreed, after consultation, that the patient should be brought under the influence of chloroform, and, if then,



on applying taxis without success, an operation should be performed.

At 4 p. m. the patient, consenting for any means to be employed that afforded any prospect of relief, was brought under the influence of chloroform. Taxis again proving unsuccessful, Dr. Mussey proceeded to operate. After arriving at the hernial sac, and relieving the stricture by dividing Gimbernat's ligament, the numerous adhesions, especially about the neck of the sac, still prevented reduction. Having broken these up, the Doctor laid open the sac, the contents of which were found to consist of a number of folds of omentum, enveloping a knuckle of intestine about an inch long. These folds were strongly agglutinated together, and adhesions existed between them and the bowel and the sac. The Doctor having disengaged the bowels and folds of omentum from their attachments, returned the protruding mass within the abdomen, and closed the external wound by two silver wire sutures. The hernial sac and contents, when exhibited to view, were of quite a chocolate color.

At 9 o'clock p. m. the patient had fully recovered from the influence of the chloroform, from which at first she was somewhat slow in doing. She had had no vomiting with the operation; pain much less, but tenderness of the bowels very considerable. Prescribed a grain of opium every two hours.

At our visit next morning we found the patient much better in every respect—tenderness of bowels less, pulse good, and appearance of countenance much improved. She had slept a little during the night. Continued the opium as before.

From this time forward there was a constant improvement—no bad symptoms at any time arising. The tenderness and tympanitis of bowels gradually subsided, and on the third day after the operation they were spontaneously moved.

In two weeks after the operation, the external wound having healed by first intention, a truss was adjusted, and the patient left her bed and commenced attending her household duties.

I will here mention that the opium, as at first prescribed, was continued for several days, or until the abdominal tenderness and tympanitis had entirely subsided.

ART. IV.—*Death from Chloroform.* By W. KRAUSE, M.D., Cincinnati, Ohio.

On the 25th of last month I performed an operation for artificial pupil, on a farmer, 29 years of age, who had generally enjoyed good health. About a year ago he suffered from protracted intermittent fever. The disease of his eyes dated from this time. His constitution was scrofulous anæmic. Preparatory to the operation chloroform was administered on a folded cloth, by an assistant sufficiently expert in its use. The patient, who had been enjoined to keep his stomach empty on the morning of the operation, inhaled the chloroform in the recumbent posture, from 11 to about 11½ o'clock. He took one and a half ounces of it without resistance; nor did he even manifest the usual ecstatic symptoms. I finally proceeded with the operation, after having three or four times desisted from it on account of the patient's restlessness whenever the lid-holders were applied. Previously, however, the removal of the chloroform was ordered from the patient's mouth and nose, as his breathing had begun to be stertorous. The operation, iridectomy, lasted about five minutes. The anterior chamber of the eye partly filled with blood, which I was about to let out, when I noticed a sudden paleness of the anterior ciliary vessels, which had become injected under the touch of the instruments. Then I found that the patient had ceased to respire, while the action of his heart, though weak, was still perceptible to the ear, regular, and about sixty beats in a minute. Ice-water, sprinkled into the patient's face, on his chest and epigastrium, had no effect. Rhythmical depression of the abdomen also failed to restore respiration. I therefore resorted to Marshall Hall's justly celebrated ready method, varying it only in this particular, that I performed semi-rotation alternately with both sides of the patient's body, in order to produce a completer and more uniform expulsion and aspiration of air. Windows and doors were opened, the patient's mouth and throat cleaned from a very tenacious mucus, which was not prone to discharge by its own gravity, and peripheral circulation promoted by rubbing of the extremities heartward, the occasional use of ice-water and clapping of the skin. The function of the heart was sustained by these means nearly an hour. Respiration, however, which had occurred at first about once every

minute a few times, gradually lessening the patient's livid complexion, became less frequent and more superficial, until it degenerated into mere pseudo-pnoic efforts. There was during the agony a twitching of the muscles about the mouth, and a drawing up of the patient's legs: then pulsation also stopped. We ceased our efforts at resuscitation one hour and a quarter after the first symptoms of apnoea had appeared.

No post mortem examination was made. The deceased had never complained of anything indicating disease of his thoracic organs. His size was over six feet, the configuration of his chest normal. During my short acquaintance with him his spirits were depressed, his temper torpid.

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ART. V.—*A Critique.*

"*Cases in Obstetrical Auscultation.* By Prof. J. H. TATE, M D., Cincinnati, O."

An article with the above title appeared in the August number of the *Cincinnati Medical and Surgical News*, edited by A. H. Baker, M.D., Professor of Surgery in the Cincinnati College of Medicine and Surgery. As the author of said article has recently accepted the Chair of Obstetrics in the institution just named, it may be interesting to know something of his fitness for a position of such responsibility. When one of our professional brethren is engaged in private practice, doubtless, the persons most interested in what he says and does are his patients. If they are satisfied with him, we are not disposed to complain; but it becomes a different matter when such an one takes upon himself the prerogative of professor or author, and by his lectures or writings attempts to play tutor to the rest of us. With the position he must assume the responsibilities; and if justly criticized, must bear it patiently. We therefore propose to submit to the readers of this journal the substance of the aforesaid article, with such remarks as seem called for. We confess to having had our patience sorely tried upon divers occasions, by the introduction into our medical journals of articles approaching in character the one under consideration; and we now protest, in the name of legitimate medicine, against the repetition of such outrages — for they are nothing else — upon the forbearance and

common intelligence of medical men. So long as individuals *claiming* a respectable position in the profession are permitted, without rebuke, to go into the columns of medical journals *professing* to represent scientific medicine, with articles like unto this one, it will be worse than useless to battle against stupidity, presumption and charlatanism outside the pale of regular medicine, as it is termed.

With such views, what shall we say upon turning to the editorial department of the same number of the journal in which this appears as the leading article. We confess to a sensation about the stomach quite uncomfortable, whilst reading as follows, from the pen of his *colleague* :

"Prof. J. H. Tate is too well known to require any notice, other than that he will devote his best energies to the chair so ably filled by his predecessor. Having practiced many years in the city, and especially in the obstetric department (for the more thorough study of which he visited Paris), to the literature of which he is likely to become one of the most prominent contributors. Dr. Tate is not unknown as a teacher, having occupied a chair in the Medical College of Ohio."

But to the cases :

"January, 1853.—Saw Mrs. B. at the house of Mrs. St. ; was informed that her daughter had been for some time troubled with indigestion ; had occasional attacks of vomiting ; and that her menses had disappeared. She said she had some idea of sending her into the country, but before doing so had been advised to consult me.

"The next afternoon she came with her daughter to my office. I found the latter to be a rather *voluptuous* looking damsel of some seventeen summers, with breasts quite prominent *without the aid of cotton* ; and an abdomen which either the *dropsy*, or *something else*, had pushed out rather beyond the *ante-hymenial line*. You *must* know that at this time that felicitous contrivance (crinoline) for concealing errors had not yet come into fashion.

"Miss B. was invited into my consultation-room, and *in less than five minutes*, without informing her of my suspicions or purposes, I had been counting the pulsations of the fetal heart.

\* \* \* \* "Now, when we contrast the *delicacy, refinement*, and *certainty* of *such* an examination with the *disgusting touche* and

ballottement, and their relative *uncertainty*, we may rejoice in the discovery of Mayor (Maïor), and may be surprised that notwithstanding the immense hospital advantages afforded by our large cities, that *nearly all our medical schools* send out graduates who can not tell whether a woman is pregnant or not; and if pregnant, whether the fœtus is alive or dead in the womb."

The italics are our own.

We present these paragraphs entire, except the last, that the *style* of the writer, and his astuteness as a preliminary observer, may be duly appreciated. Seriously, we do not think that trip to *Paris* did the Professor much good in medicine, and possibly damaged him in morals; for, whilst we admit with him that the *touche* and *ballottement* are *sometimes* rather disgusting, we can not entirely agree to "the delicacy and refinement," or even common decency, of taking that young girl, of whose "position or circumstances" he knew nothing—that "voluptuous looking damsel of some seventeen summers, with breasts quite prominent without the aid of cotton,"—into his consultation-room, and in "less than five minutes," without informing her of his *purposes*, counting the pulsations of the fœtal heart, and *at once* making known to her her true condition. It is to be presumed that he did not make his stethoscopic investigation with *all* of her clothes intervening: the *certainty* of his diagnosis precludes such an idea. His fling at "nearly all our medical schools" may be considered about as impudent as it is untrue.

We now present Case No. 2 entire, and boldly challenge the literature of obstetrics, "of which he is likely to become one of the most prominent contributors," to produce its equal!

"Was called about 4 in the afternoon to see Mrs. P., on East Front Street. Found her lying on the bed, and, as she supposed, in labor with her fourth child. She was apparently a healthy woman, of 35 years of age. I was told that she had been in labor since breakfast, but the pains seemed to be very slight indeed. I made a hasty examination, and, not perceiving any likelihood of a speedy termination to the case, I returned to my office. At 7 o'clock I was summoned to see the patient again, and examined the case more particularly. The woman lay with comparative ease upon her bed, and had a good pulse, without coldness or clamminess of the extremities.

"She now told me that previous to my first visit the women had attempted to lift her up in the bed, and that all at once she felt something give way, and that immediately the child seemed to mount in the abdomen, and press up under her ribs on the right side. She said that although she was quite comfortable as she lay perfectly still, that the turning of her body gave her the most agonizing pain, as she could feel the child rolling over in the abdomen.

"I made another examination per vaginam, and could discover no presenting portion whatever of the child. The stethoscope was now employed, and after a very careful examination I could detect neither uterine murmur nor foetal pulsation. *The child was evidently dead, and had escaped through a rent in the uterus, in part or in whole, into the abdominal cavity.* I then informed the friends what was my view of the case, and its probable results, and we agreed to send for two physicians in consultation. They also sent for their spiritual adviser, to whom I candidly stated the nature of the case.

"The messenger who was sent after the medical aid returned with the statement that one of the physicians was out of town, and that the other had a professional engagement. It was now 12 o'clock at night, and as the woman gave no symptoms of sinking, and the child was already dead, I concluded to leave the case until morning.

"At 4 o'clock in the morning I returned to see my patient, and found her quite comfortable, but learned that during my absence another practitioner had been called in, had introduced his hand, had turned the child, and had delivered it by the feet. The woman died the second day after the delivery, and no post mortem examination was held. On meeting with the practitioner a few days after who effected the delivery by turning, I explained to him my view of the nature of the case, and he agreed that I was probably correct; for, said he, I noticed when removing the placenta that my hand moved about among the intestines."

Let us briefly analyze this case. The accident occurred, if at all, anterior to his first visit; yet upon his first visit he observed nothing indicating a rent in the uterus, through which the child had escaped "in part or in whole" into the abdominal cavity; and it seems the subject of this fell accident neglected to inform

him of her *feelings*, until his next visit—three hours afterwards. Receiving this astounding information upon his second visit, he made a vaginal examination, and detected no presenting portion of the child; nor had he before, so far as we are informed. The stethoscope was applied, and he could detect “neither *uterine murmur* nor *fœtal pulsation*.” Thereupon he gives us his diagnosis promptly, unconditional, and emphatic; for the italics are his own. Had she been in severe labor? Had there been hæmorrhage? Was there any material alteration in the pulse? Surface cold or clammy? Countenance sunken or anxious? Vomiting? Was the hand introduced to ascertain whether the child had escaped “in part or in whole” from the uterine cavity? Was any careful external abdominal manipulation instituted? Nothing of the kind, so far as we are informed. On the other hand, he observed nothing unusual during his first visit, at 4 o’clock P. M. At 7 o’clock he found her with “*a good pulse*,” without coldness or clamminess of the extremities. At 12 at night—five hours after his diagnosis of rupture had been made—he concluded to leave the case until morning, as she “*gave no symptoms of sinking*.” At 4 the next morning, after delivery had been effected by “another practitioner,” by *turning*, he “*found her quite comfortable*.” This was *twelve hours or more* after the time at which he supposed the rupture to have occurred!

But we are told the woman died the second day after delivery. How unfortunate that no post mortem examination was held! As the practitioner who *terminated* the case seems not to have suspected, *whilst turning*, that the child was “in part or in whole” within the abdominal cavity; and as, probably, he only noticed “that his hand moved about among the intestines,” *after* Prof. T. had “explained to him *his* view of the nature of the case,” his testimony, in the face of the facts as detailed by Prof. T., may pass for what it is worth. If he was *sure* that his hand “moved about among the intestines,” he ought to have “agreed” that Prof. T. was more than “*probably correct*” in his diagnosis, thereby avoiding the suspicion of having himself ruptured the uterus whilst turning. However, that “another practitioner” may not be involved in the stupidity of this case, we are free to assert our disbelief in the accuracy of his *sensations*; for Prof. T. informs us that he “found her quite comfortable,” some time after the delivery had been effected.

As a sort of appendix to this case, Prof. T. favors us with "three courses that have been pursued where the uterus is ruptured and the child is retained in the abdomen:" "1. To leave the case to nature; 2. To turn and deliver the child per vaginam; 3. To perform the Cæsarian operation, and deliver the fœtus through the abdominal walls." We believe that at the present day it is an axiom in obstetrics, that where rupture of the uterus occurs during labor, *immediate* delivery should be effected by whatever mode decided upon. Prof. T., however, started out upon *course No. 1*, doubtless intending to conclude with *course No. 3*, had he not have been superceded by another practitioner; for, having left her at 12 o'clock at night, not intending to return until morning, the admissibility of *course No. 2* could scarcely have been expected.

We have neither space nor inclination to review Case No. 3 in detail. It is remarkable but for three points: 1. The diagnosis of twins—one alive and the other *dead*—through the instrumentality of the inevitable stethoscope; 2. The administration of half an ounce of ergot, in divided doses, *after* having diagnosed *twins*; 3. The delivery of *two* dead children—one by the forceps, the other by the feet—some *four* hours after the "characteristic action of ergot" had manifested itself by "continued and anguishing contractions."

We may be charged with having indulged in a useless expenditure of ammunition, in thus noticing *such* an article. We console ourselves with the hope that it may serve as an example and a warning to those who may feel disposed to rush incontinently into print. We have but performed a duty devolving upon every one who loves the time-honored profession of scientific medicine; and we have only consulted a common interest, in thus defending and protecting its consecrated domain against the invasion of those who seek to cumber it with rank and noisome weeds, and soil the fair pages of its record with such unseemly productions.

R.

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*To keep Pills from Hardening.*—The *Moniteur des Hôpitaux* says, a small portion of quite pure glycerine, added to a pill mass, prevents it from hardening. If the mass contains resins, a little alcohol must be added to the glycerine, to prevent disaggregation.



### Editorial Translations.

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1. *Sub-Cutaneous Injection of Sulphate of Atropia.*—M. Richard related to the Medical Society of the Department of the Seine some facts observed in his practice, relative to sub-cutaneous injections of the sulphate of atropia. He has employed this treatment very often (two or three times a week), to quiet local pains, treating entirely by this means. The results have been very remarkable; we must not, however, introduce more than twelve or fifteen drops of the solution of atropia at 100°. When this dose is exceeded, intoxication is apt to be produced. In a number of operations of this kind, believing that he was using an inferior article of atropia, M. Richard injected from thirty to thirty-six drops. In one case, intoxication or poisoning manifested itself by dryness of the throat and dilatation of the pupils, and hallucinations. It is, then, necessary to be careful as to the quantity used. Among the cases in which the influence of the injections was as rapid as powerful, M. Richard cited the case of a patient suffering for eighteen months with a sciatica so intense that sleep was prevented. A single injection made at the emergence of the nerve sufficed to suppress the pains, and enable the patient to sleep for three weeks. In another case, a very painful state of the knee was relieved by a single injection of 36 drops of a solution at 100°; but there were symptoms of poisoning.

M. Bergeron remarked that opium was an antidote to the poisoning of belladonna. He had treated and cured with opium a patient who, by mistake, had swallowed a belladonna liniment.

M. Richard thinks that in general sufficient care in the employment of the preparations of belladonna is not exercised, particularly in the use of pommades, which we prescribe so often in dysuria. When we apply an ointment, for example, 45 grs. to 3 ss. cerate, we produce very easily a paralysis of the bladder, which augments the disease instead of diminishing it.

M. Andry cited the following fact in support of the opinion of M. Richard, which happened recently: A physician was called during the night to visit a patient who, in the midst of a veritable paroxysm of mania, made ineffective efforts to urinate. He

orrhage, chlorotic, albuminuric, paludal, cancerous, syphilitic, there is only resemblance in coloration, or rather in discoloration. In anæmia from hæmorrhage, there is only blood lost; in the other forms of anæmia, there is especially a loss of *aptitudes*, organic and functional, which we must develop in the patients in order to cure them. Thus, in order to cure hæmorrhagic anæmia, it suffices to re-constitute the blood by good hygiene, and a good regimen—iron is useless; whilst for the other forms of anæmia we must adopt a special medication. Chlorotic anæmia, or chlorosis, far from arising from a loss of blood, results very often from a retention of this fluid. A young girl plunges her feet into cold water during her menses: the menstrual flow is suppressed, and she becomes chlorotic some days afterwards. When the catamenial function is reëstablished, the young girl ceases to be chlorotic. Hæmorrhagic anæmia may disappear rapidly, without leaving any trace behind; while chlorosis may become very stubborn to treatment, and follow the woman to the tomb. In chlorosis there is not simply, as in hæmorrhagic anæmia, a diminution of the globular element of the blood, but there exists also nervous disorders of the whole economy — anesthesia, anelgesia, etc. The same condition exists in chlorosis as in syphilitic anæmia, paludal anæmia, etc. Behind all these varieties of anæmia there is a persistent general cause, struggling against the aptitude for the re-constitution of the blood, and preventing the patients from being cured by simple hygiene, as in hæmorrhagic anæmia. This cause is the syphilitic infection, and the paludal poisoning, etc. In giving mercury, quinine, we arrest the action of this cause, and we render to the economy its aptitude to re-constitute the crasis of the blood.

Iron is the specific for chlorosis: it is to chlorosis what mercury is to syphilis—what quinine is to paludal poisoning. M. Trousseau admits the passage of iron into the blood; but from the moment of its passage into the blood does it remain, and is it assimilated? No. The economy assimilates nothing by force. If we inject albumen into the blood of an animal, it is eliminated with the urine. Sugar given in excess, or injected into the vessels, passes also with the urine, instead of being assimilated. Thus iron enters the blood, but it does not remain in it; besides, the quantity which is absorbed is exceedingly small, according to

the experiments of M. Natelis-Guillot, who almost constantly found in the fæces almost the whole amount taken into the stomach. Then, although iron may be of incontestable benefit in the treatment of chlorosis, we have not yet demonstrated its mode of action, no more than that of all the other remedies of the *materia medica*.

Two illustrious chemists, Liebig and Dumas, have made chemistry play an important role in therapeutics. Chemistry ought not to direct medicine, — it ought only to enlighten it; yet God knows if it does so! M. Garrod published a book on gout, in which he stated that this disease depends on an excess of urate of soda in the blood. As a result, the chemical medication followed, which everybody knows, from this, innumerable drugs, colchicum, syrup of Boubee, pills of Lartigue, the remedy of Laville, etc., which have killed as many gouty patients as the waters of Carlsbad and Vichy. In this connection the speaker observed that the waters in repute against the uric acid diathesis, as Vichy, Vals, Carlsbad, Pougues, Contrexéville, produced effects in the inverse ratio of their alkalinity. For the rest, nothing is more common than to see cures produced by other mineral waters, or even by such which have no mineral ingredients, as those of Plombières and Bagnères de Bigorre, which have no more mineral properties than the river water.

How, with a theory purely chemical, can any one explain that a patient, who has passed a season at Vichy or at Pougues, will remain a year without passing any calculi? Will any one say that the uric acid has been neutralized by the alkali of the waters? But certainly this alkali has not been in the blood for a long time. For the dyspepsias there is the same uncertainty. We often administer Vichy water, Pougues water, and alkaline salts, with the view of neutralizing an excess of acid in the gastric juice. Well, M. Claude Bernard has demonstrated that if we give an alkali to a dog having a fistula of the stomach, this salt neutralizes instantly the gastric juice; but instantly it also produces a more abundant flow of gastric juice, so that the surest means of filling the stomach with acid juice would be perhaps to give an alkali. Why is a metrorrhagia arrested by the influence of cold affusions? Why is the menstrual flux suppressed, after the drinking of a glass of cold water? We know nothing about it. Neither do

we know from whence comes the incontestable power of hydrotherapy, and why the metallic armatures applied to a member increases its muscular force, and that in the space of half a minute. Why does the irritation produced on the gastric mucous membrane by the contact of ipecac, tartrate of antimony, or sulphate of copper, throw all the muscles of respiration into a convulsive state, and bring on vomiting? We know nothing about it. Can chemistry explain such phenomena? How does the motion of waltzing, swinging, and the rolling of a vessel provoke vomiting and vertigo? How does prolonged tickling of the soles of the feet cause death? All the physical or chemical explanations which any one could give of these phenomena are untenable: it is better to confess our ignorance.

Some tell me, added M. Trousseau, You always demolish—you never build up. Agreed; but I declare that I find it impossible to explain what you wish me to explain. Some ask me if I am a vitalist or an organician. I do not know; I am perhaps both. Let us see.

The divers agents of the *materia medica*, placed in contact with the living tissues, produce certain phenomena. These modes of existence, these forces manifested by special forms, proper to living organic matter, I call *vital properties*; and I only believe the fact which I see before me. In material order all force supposes a material substratum. There is no such thing as force in an abstract state: light can not be conceived without a luminous body, weight without a heavy body, etc. These forces may be used or associated by the human mind, with the view of attaining an end: man, with brute matter, may create teleological functions—that is to say, converging to a determined end. The watch-maker who makes a watch, the mechanic who makes a locomotive, gives organs to brute matter; they move them by a spring or by steam. Under the influence of these forces the organs enter into action; and once the watch is started and the locomotive warmed, these machines may go on without the intervention of the intelligence which organized them. It is the same with living beings: the Supreme Intelligence which has created them has combined the organs in such a manner as to give them teleological functions; this Intelligence does not find it necessary to intervene but for the disposition and adaptation of these organs; these,

once adapted properly, perform their functions by virtue of their arrangement, and in a manner somewhat fatal; there is no longer need of the intervention of the superior and creative Intelligence which guides them; their movement and their life are the forced consequence of their mode of organization.

Here some physicians and philosophers admit the necessary influence of an *extrinsic* principle, which they call *vital principle*. I do not understand this principle, and I do not see any necessity for it; if you admit it for man, let the consequences rest with you, and admit it also for the turnip and cabbage! Here, then, I am entirely an organicist, materialist. I exclude this extrinsic principle from living matter, whose utility I neither see nor comprehend. But there is a nervous system, which constitutes the *animality*, the harmonious and mysterious connection of all the organized systems, of which we know nothing, or almost nothing, which, put in play by physiological, pathological, or intellectual causes, introduces into the economy unexpected and incalculable perturbations. But from the fact that these latter phenomena are more mysterious and strange, it does not follow that they are manifested outside of the properties of living and organized matter. These are simply more complex phenomena, and nothing more. If you consider that the greater number of agents of the *materia medica* exercise an action on the nervous system, you will accept the immense difficulty of interpretation. You will not be in a hurry to explain this action by purely chemical reaction, or by the intervention of a vital force independent of the living tissues. You will become more humble in your explanations, and you will have the courage to confess your ignorance. Is this then so difficult? But if you try to name dynamism the different phenomena, the modes of existence of the nervous system, agreed—I am dynamist; but I avow I do not still understand the mysterious causes of the phenomena.

In place of discussing these grave and insoluble questions like the ocuminical councils of former times, we will do better to examine purely and simply, and to keep ourselves in a position for observation, and then we will philosophize, if it is possible, in seeking not to go too far beyond reasonable limits. In therapeutics, experimentation ought to be the point of departure; systemizing ought only to follow it: it is thus that by deduction

we arrive at notions of immense value. Cures were first made empirically; it is thus that have been commenced the medications reputed the most active and rational. Before the institution of the substitutive medication, irritating collyria were introduced empirically into an inflamed eye; before the treatment of goitre and tertiary syphilis by the iodide of potassium, they were cured by burnt sponge. Let us not be more ambitious, and we will make good therapeutics. I will sum up by saying, that therapeutics will be nearer the truth when we shall decide frankly to confess our ignorance as to the intimate mode of action of remedies; when we shall study more specially each remedy; when we shall be more servilely attached to experimentation. This excludes neither the spontaneity or the primitive direction of experiments, which we ought to conduct, and which ought not to conduct us, nor sagacity in research, nor philosophical deductions.

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3. *Congenital Syphilis — its Transmissability from the Child to the Nurse. Judicial Action for Damages.*—The parents, D., placed their child to nurse with a married woman, R. When the child was three months old it was attacked with a syphilitic eruption; five days after, the nurse, the mother of children, and until then enjoying excellent health, and of irreproachable morals, was attacked with ulcerations and pustules on her breasts, the syphilitic appearance of which was incontestable. Her husband was very soon infected, and his wife (the nurse), who had given birth to three fine, vigorous children, aborted of a dead child. In spite of the efforts of M. Quetand, who advocated the doctrine of the non-transmissability of congenital syphilitic accidents, the parents, D., were adjudged to pay to the nurse, R., three thousand francs. The physician of the nurse and child, who was sued for negligence, was acquitted.—*Gaz. Hebdomadaire.*

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Translations from the German.

[By D. S. GANS, M.D., Cincinnati, O.]

*Alterations in the weight of New-Born Children.*—The frequent decrease of the *turgor vitalis* of the child is easily explained, according to Dr. Breslau's observations, by the decrease of the  
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weight of new-born children, which probably depends upon the fat and water of the infantile body. He found :

1. A decrease of weight in 61 per cent. of the children—weighing them when they left the hospital, and comparing it with the weight immediately after birth.

2. Increase is oftener found in girls than boys ; and decrease is shown more in boys than in girls, which may stand in connection with the known greater mortality of boys in comparison with the girls. The increase : average for the girls, 1-19th, for the boys, 1-21 per cent. of their weight ; the increase for the former, 1-14th, for the latter, 1-16th per cent. A fact which seems to justify the belief, although against the general opinion, that disintegration of tissue is greater in new-born girls than in boys.

3. The manner of feeding has an unquestionable influence upon the increase or decrease of the weight. Those nourished with artificial food (twenty-two in number) all decreased in weight, except one girl, whilst only forty-nine of those receiving the natural food decreased.

These observations were made on healthy children with healthy mothers.—*Monats-schrift für Geburtskunde, Berlin.*

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*Endometritis during Labor.*—Dr. Martin, of Berlin, in a discourse before the Obstetrical Society of that place, expresses the opinion that in some cases irregularities of the parturient act, as spasmodic pain, slowness of labor, premature rupture of the membranes, may be often caused by an insidious inflammatory condition of the inner surface of the uterus. A case lately observed seems to justify this opinion :

A primigena caught a cold at the beginning of parturition, passed the day under intense and ineffectual pain, and next day sent for Dr. M. He did not find parturition any way advanced, and diagnosticated spasmodic pain, and prescribed some ipecac in small doses, absolute rest and patience. He was sent for again on the fifth day, and finds the condition pretty much the same : the os uteri very little more dilated, tied and firm to the touch. Making a few slight incisions in it, he was astonished to see about a tablespoonful of clear matter discharged from the womb. The labor progressed after that more regularly, and the uterus

was toward evening sufficiently dilated to apply the forceps. The child lived. The placenta was attached, and had to be taken away artificially, the hand not discovering any signs of abscess inside the uterus. The woman recovered soon.

Dr. Martin is convinced that the granulant secretion in this case proceeded from the free inner surface of the uterus, and not from an abscess. This last takes place very rarely in the womb; and had the existence of one been the cause, it would have shown itself plainly after birth.

The post mortem examination after a Cæsarian operation performed by Prof. Nagel, exhibited the same condition. An exudation was found on the inferior segment of the inner surface of the uterus, which pearl-like covered the whole surface down to the neck. The matter could be scraped off with a knife, but was so fresh that it could not have been formed in the twenty-eight hours after the operation, besides not reaching to the incision in the uterus.

Based upon these two observations, Dr. Martin argues that endometritis *in partu* was more frequent, causing various irregularities of the same, and forming a disposition to sickness in childhood, which probably is often overlooked. It is known that at times of epidemic puerperal fevers, difficult parturition is of frequent occurrence.—*Monats-schrift für Geburtskunde, Berlin.*

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### Correspondence.

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BOSTON, MASS., September 11, 1860.

MESSRS. EDITORS :—The subject of physical education or training is receiving considerable attention at the present time, from those who are in a measure responsible for the education of the youth of the country.

At the last commencement of Amherst College, the corporation established a new professorship of physical education. This will include instruction in gymnastics, having especial reference to the exercise and development of the body, rather than the performance of great feats of skill and strength; also in elocution, so



far as it relates to the training of the vocal organs, and the movements of the body in oratory ; and in hygiene, so that the student may thoroughly understand the physiological laws of his being, in their application to the preservation of his health. Dr. John W. Hooker, son of Dr. Worthington Hooker, of New Haven, has been appointed professor in this new department. Dr. Hooker is a graduate of Yale College and Medical School, and has visited the best institutions of Europe. A spacious gymnasium, provided with all necessary apparatus, has been erected. This is truly taking a step in the right direction. It is hoped that similar institutions will follow, and not let Amherst be alone in her glory.

Boston is waking up on this subject. At the thirty-first annual meeting of the American Institute of Instruction, held in this city in August, the subject of calisthenics and gymnastics was fully discussed, and a new impetus was given to it ; so that teachers, medical men, and others are becoming more and more interested. Exhibitions of this system were given by teachers and pupils ; many of the latter, when they first submitted themselves to this method of training, were far below the standard of health, feeble and puny, with a want of a full development of the muscular system, but who are now robust and active in all of their motive and intellectual powers. Girls who could walk but a short distance without experiencing extreme fatigue, after three months devoted to these exercises, in addition to their studies, can run three miles each morning, and not feel any inconvenience. In six months they will easily make their six miles, before their morning meal. To-day the Superintendent of Public Schools of this city, in his semi-annual report, has brought this whole subject before the School Board. As this Board is composed largely of physicians, I have no doubt it will receive the earnest attention that it deserves. Hitherto the object of educators has been to look after the moral and intellectual training of the pupils of our schools. The time has now arrived when the physical organization should be perfected, in conjunction with the mental faculties ; otherwise, there is danger of deterioration in the development of the children of our cities.

The Superintendent in his report says, after speaking of the protection of health in schools, etc., that "The principal remedy

which I would suggest is the introduction into all grades of our schools of a thorough system of physical training, as a part of the school culture. Let a part of the school time of each day be devoted to the practice of calisthenic and gymnastic exercises, in which every pupil shall be required to participate." Physicians can do much in cities, in the formation of this hygienic reform.

Subscriptions are now going on in behalf of a class of individuals who have seen better days, but are now the subjects of charity. We have homes for the orphan, homes of reform for the erring and criminal, and a provision for aged women: it is now proposed to provide a home for aged men. This is an act of humanity deserving of support.

Our city, for the season, is quite healthy.

B.

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CLEVELAND, O., September 6, 1860.

Messrs. Editors:—In the July number of your journal I mentioned the case of an old woman in Auburn, De Kalb Co., Ind., (not De Root), who murdered her husband, then attempted to *disembowel* herself. I was in Auburn a short time since, and learned that the wound in the abdomen healed around the protruding colon, which retracted so as to form an artificial anus, and all fecal matter passes out now involuntarily. She had her trial for murder, was found guilty, and sentenced to the penitentiary for life.

Yours, A. J. GARDNER, M.D.

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WEST UNION, O., September 10, 1860.

Messrs. Editors:—In the last (Aug.) number of your journal, in the department of "Editorial Abstracts and Selections," I observe a case by Dr. Thomas, from the *London Lancet*, of a fœtus and placenta being delivered in a complete and unbroken sac, which induces me to record a similar case which came under my own observation:

On the night of the 20th of May last I was called to see Mrs. C—, five miles distant, in her first pregnancy, who, I was

informed, had symptoms of labor induced prematurely (as was supposed) by riding on horseback the day previous. On my arrival I was told by the nurse that the lady, after a labor of less than two hours, and one hour before I arrived, had given birth to something very extraordinary, resembling anything else more than it did a child, which still remained in the bed. On examination I found a fœtus and placenta completely enveloped in a tough, membranous sac, which, on being ruptured, disclosed a well developed dead fœtus, at full period of gestation, the life of which might have been saved had the membranes been ruptured immediately after its birth. The mother did well.

Respectfully, B. F. COATES, M.D.

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### *Reviews and Notices.*

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ON OBSCURE DISEASES OF THE BRAIN AND DISORDERS OF THE MIND: their Incipient Symptoms, Pathology, Diagnosis, Treatment, and Prophylaxis. By FORBES WINSLOW, M.D., D.C.L., Oxon., etc., etc., etc. Philadelphia: Blanchard & Lea. 1860.

This work is an attempt to elucidate the history of the obscure affections of the brain, which, evidenced in general by the slighter deviations from mental soundness, often pass unnoticed for a long period, until in many instances they terminate in an undoubted attack of insanity, or in sudden and often self-inflicted death. No more important class of subjects can occupy the attention of the physician; for, if he interrogate closely the various phenomena presented to his notice in his daily rounds, he meets with many anomalous cases of nervous disease, apparently trivial at first sight, and so he once regarded them, which his riper experience has taught him to look upon with anxiety, and concerning which his prognosis seems more unfavorable than the apparent gravity of the symptoms would justify.

A business man pushing on through difficulties to wealth and position, finds for the first time a difficulty in adding up a column of figures; in making an accustomed calculation; in writing a letter; in concentrating his attention upon the subject he desires to investigate, or in recalling to memory some familiar and neces-

sary matters : by successive and energetic efforts he at last accomplishes the task, but then discovers that the fatigue succeeding is excessive : his head is in pain ; his temples throb ; that he is unusually nervous ; symptoms not very urgent, but never before connected with the amount of work he tried to accomplish. To these, if the same kind of exertion be persisted in, other disagreeable symptoms are gradually added, none of them appearing to him of any very serious consequence, yet altogether they occasion him much annoyance. Now, if he be a wise man he consults his medical adviser, who corrects, by judicious appliances, any apparent physical trouble ; prescribes rest, or rather change of employment, to the mind ; a generous diet ; perhaps a magnum of old port, sometimes more or less prolonged change of air and scenery. Thus the tired frame renews its strength, and is ready for any future mental toil.

But this is not always the cause of such cases. The busy merchant has no time to nurse slight headaches, but pushes on in his career, every day's exertion requiring greater effort at concentration of his powers, and resulting in greater nervous prostration at its close. His symptoms are not noticed by those around him, unless, perhaps, an increasing irritability of temper, which is attributed to anything except its real cause, until some startling act is done by him which compels inquiry into his condition ; or the community is horrified by his unexpected suicide, or (more happily) a sudden pain strikes him, or some severe trial overwhelms him, and death instantly occurs. An examination perhaps discloses the existence of cerebral lesions, of comparatively long standing, awaiting any slight cause to produce the result arrived at. Then it is that, tracing the history of the case backwards, it is not difficult to discover proofs of brain disease, in the symptoms his occasional complaints suggested, and in the otherwise inexplicable transactions which a careful investigation into his affairs disclosed as having occurred during a long period.

These are the tragedies of private life, and are probably unheeded outside of the limited circle in which the unhappy victim had moved ; but every now and then the same tragedy, attended by the same progressive steps, occurs among those widely-known personages whose acts and thoughts are the possession of the world. A Castlereagh, a Romilly, a Hugh Miller, in their terri-

rial functions of the great cerebral ganglion, the *sensorium commune*. Softening of the brain, abscesses, tumors, atrophy, induration and other forms of cerebral disorganization, have, it is alleged, been discovered in the brain after death, without having disordered or even impaired the intelligence during life. But are not these unusual and anomalous cases?"—p. 36.

"In analyzing the precursory symptoms of cerebro-psychical disease, it will be important to remember that the earliest signs of appreciable deviation from mental health often resemble, in a remarkable degree, temporary and transient exaggerations of natural and healthy conditions or states of mind, the first symptoms of the psychical affection being recognized by certain marked deviations from the ordinary phases of *thought*, and normal modes of action or *conduct*."—p. 39.

"I presume it to be a generally admitted axiom that the mind may be *disordered* without being *insane*, using this phrase in its strictly legal acceptance. These conditions of morbid intellect may be considered by some as only degrees of *insanity*; but I would suggest that this term be restricted to those mental disorders, accompanied with positive loss of control, clearly justifying the exercise of moral restraint, and to those morbid conditions of the intellect which sanction an appeal to the protective influence of the law. In other words, I would confine my remarks to those cases in which the mind may be said to be *pathologically* disordered, but not invariably *legally* insane."—p. 148.

We might quote passages and details of cases in support of these propositions from almost every page in the book; but since the space at our disposal is necessarily limited, we prefer to select our illustrations from those chapters which treat of the early symptoms of *impairment of the mind*, or some of its faculties. It is with this class of cases that physicians are most frequently brought into contact.

The gradual failing or weakness of the mind, the listlessness which overcomes the patient, the inability to compass his usual occupations, become symptoms of grave importance when unduly prolonged. All men are more or less liable to this condition from nervous exhaustion, but rest and the recuperative forces of nature usually reëstablish the normal order of things in a short time. Sometimes, however, this does not take place, and the brain

symptoms then assume a very grave aspect, and indicate the approach of a variety of evils resulting from the greater or less degree of impaired nutrition undergone. They may be the indications of cerebral tumors; of softening; of abscess; of induration, and other formidable types of encephalic disorganization. The numerous instances in the book before us show how gradually this condition creeps upon the intelligence — so gradually that its recognition is difficult, even by the most observant; and how long, too, it may exist before unequivocal evidence is furnished of the serious mischief the brain has received.

But this impairment of the mind, involving a gradual deterioration of all its powers, or a loss of the coördinating power, is less frequent than the disorder of some one of the principles of the mind. The *attention* and the *memory* are the two outposts of the mind usually attacked first. How shall we estimate the extent of damage sustained by these, when their normal condition must always be to some extent a matter of conjecture, certainly different in each individual? Compare the memory of ordinarily well informed men with that possessed by a Mezzofanti, a Macauley, or a Niebuhr. The great difficulty in recognizing the extent of injury the attention may have suffered may readily be imagined when we remember that the very differences in the minds of individuals depend in great measure upon the force of this very power, each may display. For Helvetius has truly said, and others have assented to the doctrine, "Genius is nothing but a continued attention." An impairment of the attention is the most frequent starting-point in the progress of mental unsoundness. The patient complains of an incapacity to control and direct his thoughts to any desired object. He can not, without obvious and painful effort, accomplish his usual mental labor, read or master the contents of a letter, a newspaper, or even a page or two of a favorite book. The ideas become restless, and the mind lapses into a flighty condition, exhibiting little or no capacity for continuous thought.

"I am anxious not to attach undue importance to this evidence of morbid intelligence, but I can not close my eyes to a fact so often noticed by myself, as well as by others whose observations have been directed to the subject, that a *debilitated power of attention is a prominent symptom in the early stage of cerebral disorder.*

I have known cases of incipient brain disease, in which patients have previously to the manifestation of other symptoms, lost all ability to read, continuously, twenty lines of a printed book without a strong and painful effort of thought. This state of mind has continued for months, necessitating the abandonment of all intellectual work, and has been succeeded by obvious symptoms of organic cerebral disease, loss of memory, and even has passed eventually into mental imbecility. If an impairment of attention and debility of memory exist, it is illusion for the patient to imagine that he is able (until his *physical* condition of ill-health is attended to), by repeated and persevering efforts, to resuscitate the lost powers. In his attempt to do so, he still further taxes the morbidly impaired state of these faculties, and instead of invigorating, prostrates, debilitates, and often, alas, entirely extinguishes the intelligence. A patient, when describing this condition of intellect, says, 'I can not read as I used to do, I am obliged to repeatedly go through a page of a book, and re-read a sentence without having any idea of its purport. The attempt to fix and concentrate the thoughts requires a continuous, painful and vigorous effort of the will.'—p. 281.

In the incipient stages of some forms of cerebral diseases the attention is continuously, and, sometimes, involuntarily directed to, and abnormally concentrated upon certain vivid impressions—trains of thought, classes of ideas, conditions of emotion, or states of physical sensation, until at last the mind appears to lose its proper appreciation of subjective and objective phenomena. Hypochondriasis and many delusions are thus established. In RANSELAN, Dr. Johnson has beautifully delineated the progress of this morbid feeling, in the character of Imlac, the philosopher, and Scott has depicted its influence in Norma, of the Fitful head.

Not less important are the morbid phenomena of the memory as seen in the early stages of diseases of the brain. They may coexist with the disordered attention, or may have an independent action. The memory may thus become disordered, weakened, lost, perverted, or exalted, and in each case possesses an important diagnostic value.

Passing over the interesting discussion of the nature and origin of memory, we may note one fact upon which most metaphysicians are agreed respecting the relative tenacity it exhibits for

certain classes of ideas. The *qualities* of objects and *events* are more easily retained in the mind than *dates* and names. Adjectives are retained when nouns are forgotten. This is confirmed by the order in which the loss of memory takes place from apoplexy in advanced life. M. Itard has shown, that first there is a forgetfulness of *names*, then of substantives in general, then of *verbs*, and last of *adjectives*, and he observed that many idiots have a remembrance only of *adjectives*. In some cases the lesson of the memory only extends to names. Thus a patient was unable to call a name, though the idea of the thing existed in his mind, and was described by its most prominent quality. This was the only striking mental peculiarity until a few days before death. Bony deposit was found impinging upon the brain over the petrous portion of the left temporal bone.

In red and white softening of the brain, in cerebral tumors, as well as in those morbid changes in the nerve matter, its membranes or its vessels associated with general paralysis, the memory shows frequently marked symptoms, similar to those of old age. On the other hand, extensive organic disease of the brain has been known to occur without any affection of the memory. Generally, however, impairment of the memory is one of the earliest symptoms which attracts attention at the commencement of cerebral disease. "Sudden, transient and paroxysmal attacks of loss of memory ought to be regarded as most important symptoms, when considered in relation to a questionable state of the brain. These temporary and apparently trifling conditions of impaired retention are often the preludes to serious manifestations of cerebral disease,—the dark and threatening clouds that occasionally envelope, obscure and often eclipse the mind previously to fatal attacks of paralysis, softening, apoplexy and insanity." In many forms of brain disease the memory at first is not so much impaired as it is erratic and confused in its manifestations. The ideas intended to be expressed are clearly recalled to the mind, but the images so reproduced are disjointed and in a state of utter confusion. The early stages of white softening are not unfrequently thus marked.

In the portion of the book devoted to the chronic (modified) affections, Dr. Winslow brings together some of those extraordinary freaks of memory when under the influence of disease. A



gentleman subject to epilepsy, some days before his fit invariably signed half his name only, having forgotten the rest. Another who had several paralytic seizures, always knew when his attack was approaching, by failing to remember his Christian name. Persons during diseases, especially of the brain, may utterly forget the language of their daily intercourse, and speak only that familiar to them in early life, which they had forgotten from long disuse. The loss of memory following grave epidemics, great physical suffering and mental anxiety, is illustrated by examples from the French retreat from Moscow, when Napoleon himself suffered temporarily in his recollection of names and dates. One of his *aides-de-camp* lost his memory for several years. Thucydides records that after the plague of Athens, many recovering from the epidemic found their memory gone. They forgot the names of their friends and relatives, and even their own.

Not less worthy of notice is the exaltation of memory, which sometimes, but less frequently than the forms of disorder already alluded to, attends the early stages of brain-disease. In early life this symptom should always receive attention. At any time of life a sudden and unnatural exaltation of this faculty may denote the existence of serious mischief. Long ago, Hippocrates observed that a "sudden lighting up" and improvement of the memory occurring to persons in advanced life, seem occasionally to be precursory of death and fatal apoplexy. The antiquity of the observation has not impaired its value.

The morbid phenomena of motion are classified according to their origin, whether cerebral, spinal or peripheral. The symptoms most fully dwelt upon include muscular debility, muscular tremor, irregular muscular action, convulsive action (epilepsy being the type), affections of the tongue and of the mouth, and the peculiarities of the handwriting, paralysis agitans, affections of the spinal cord and peripheral paralysis. The reader will find this division very clearly treated, and much important light cast upon these intricate subjects. The résumé of epilepsy is clear and discriminating, though necessarily concise.

Among the morbid phenomena of speech some interesting remarks will be found relating to those singular symptoms occasionally found in connection with cerebral lesions—the *morbid imitative*

*movements* of articulation. Attention is drawn to involuntary articulation and the *echo*-like manner in which such patients repeat the words or questions addressed to them. We have no time to do more than to call our reader's attention to these points.

The morbid conditions of sensation embrace hyper-æsthesia, epileptic vertigo, headache, anæsthesia and vitiated sensibility.

*The morbid phenomena of the special senses* include the hallucinations and illusions of sight, hearing, touch, taste and smell. Although interesting, these chapters do not add greatly to our stock of knowledge upon these subjects, and the same is true with regard to the next division, devoted to the morbid phenomena of sleep and dreaming. We pass, therefore, to notice the "morbid phenomena of organic and nutritive life," to which a short chapter is devoted. Digestion and assimilation, circulation, respiration and generation are discussed herein. The sensation of nausea which accompanies cerebral tumors, is constant, though never induces very severe vomiting. Of this two or three instances are noted. The strange refusal to take food manifested by the insane, and even by those not so accounted, receives a cursory notice, and depends, according to M. Morel, "upon a disordered condition of the digestive organs." We fear this is only a part of the *whole* truth.

As might be expected, the intimate relations between cardiac and cerebral diseases attract our author's attention. MM. Bertin and Bouillaud have remarked that "the majority of the patients in whom hypertrophy of the left ventricle of the heart is present, will be found to exhibit symptoms of cerebral congestion, and that many of them will fall victims of disease of the brain," and Morel observes, "that the affections of the heart enter largely into the etiology of mental affections." The respirative and generative functions are passed over with a very slight allusion to them. Senile insanity may be developed "by a sudden and unnatural manifestation of virile inclination and capacity at a period of life when this function is generally considered to be in a state of dormancy."

We can only add a very few words on the last chapter, which lays down the general principles of cerebral pathology, diagnosis, treatment and prophylaxis. "In all acute affections of the brain

and disorders of the mind, the cure and life of the patient depends — 1. Upon the speedy detection of incipient symptoms ; 2. Upon the accuracy of the diagnosis formed as to the nature of the cerebral affection ; 3. Upon the immediate application of remedial treatment.” — p. 525. Various remedies will be indicated in the different phases of cerebral diseases, but, as Dr. Winslow observes, no remedy is so well adapted to the incipient forms of cerebral disease as opium in some of its various formulæ and combinations. A general tonic course is usually advisable, and though there *may be* cases in which bleeding and tartrate of antimony should be employed, we believe they are more rare than they are believed to be — more rare even than Dr. Winslow seems to consider them ; and an experience of this class of diseases (neither very slight nor altogether unimproved, we trust,) has strengthened our belief in the great benefit to be derived in many of such diseases from gentle, persistent and long continued administration of stimulants — never to be given in large doses, but in small and much diluted quantities at regular intervals. Dr. Winslow does not allude very much to the use of stimulants in the treatment of cerebral disease, so that we have been particular in calling the attention of our readers to what we believe will be found its great advantages. A combination of opium and digitatis Dr. W. recommends in certain intractable forms of mental disquietude, and the combination is an excellent one. On the whole, the principles of treatment are judiciously supported, and the moral aids he invokes are admirably set forth. Undoubtedly the chief aim in all these forms of disease is at the beginning to strive for the restoration of the patient's *self control*, for a time soon comes, in the regular course of morbid phenomena, when all such efforts will be unavailing.

We have derived so much pleasure from the perusal of this book that we come reluctantly to the close of our investigation. If we, by any possibility, have a reader who buys a medical book to hunt up a disease by name, with its symptoms duly set forth, as distinctly as actors in a play-bill, and formula given ready to be copied and sent to the druggist to be made up for the unfortunate patient, on whose behalf he requires a vade mecum : to him Dr. Winslow's work will be utterly worthless ; but those who wish for a book which shall assist their own studies, which

shall prove a quarry of thought where honest labor and skill shall reap an abundant reward, in adding stores to their knowledge and food to their own habits of observation, will find this work eminently worthy of their particular regard.

R. G.

For sale by Rickey, Mallory & Co., Cincinnati. Price \$3.00.

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THE ANATOMY AND PHYSIOLOGY OF THE PLACENTA: THE CONNECTIONS OF THE NERVOUS CENTRES OF ANIMAL AND ORGANIC LIFE. By JOHN O'REILLY, M.D., Licentiate and Fellow of the Royal College of Surgeons, Ireland; Resident Fellow of the New York Academy of Medicine, etc., etc., etc. New York: Hall, Clayton & Co. 1860.

The above is the title page of a very nicely gotten-up, gilt-edged volume of 111 pages, which has recently been laid upon our table. This book seems to have been brought into existence from the fact that the author was "accidentally" called by the Section of Anatomy and Physiology of the New York Academy of Medicine, to attend one of its meetings, with the view of forming a quorum, to enable that body to proceed with a discussion on the anatomy and physiology of the placenta. The request was complied with, and the author casually advanced views which he subsequently found it necessary to vindicate, and which he is now anxious to place before the profession *in extenso*." It would seem by this that it is an "accidental" production, for the purpose of vindicating "casually advanced views" before a scientific body. We had always heretofore supposed that the true method in pursuing scientific subjects is to investigate—first, ascertain where lies the truth, and then advance "views" consistent therewith; but as this is an age of progress, perhaps the true way is to "casually advance views," and then go to work to vindicate them afterwards, which is sometimes no easy task, particularly when "written under a heavy press of professional business, *currente calamo*." The book is composed of several chapters which were printed at various periods in the *American Medical Gazette*, and are here published without any alteration. The author does not seem to have been entirely satisfied with his success in impressing his professional brethren with the magnitude of what he has accomplished, as he says at the close of one of his chapters, "if my former communications commanded no attention, I attribute it to my not being known as a teacher, or being connected either

with a college or hospital, or any other public institution. I do not feel surprised, being thus circumstanced, that many should think I could have no knowledge of the subject I attempted to elucidate. Every body knows a Professor is looked upon as being something extraordinary, and that it may be said of him—

‘ And still they gazed, and still the wonder grew,  
That one small head should carry all he knew.’ ”

We are very sorry the author is not a Professor, a hospital doctor, or connected with some “other public institution ;” particularly as it might have enabled him to “command attention.” We would respectfully inform him that there are institutions in the West that would, without doubt, be as ambitious to make a professor, hospital doctor, or, perhaps, a dispensary prescriber of him, as he is anxious to fill such places. This being accomplished, his important views could then be furnished to the world *ex cathedra*. We will not attempt to analyze the book. It may be very profound, but we can discover little in it, except crude assertions intermixed with some well known facts and scriptural quotations.

M.

### Editor's Table.

*Free Medical Education.*—In a very sensible notice of the annual circular of the Iowa State University, medical department, the *St. Louis Med. and Surg. Journal* takes occasion to express its own views upon this topic. We have heretofore expressed similar opinions in this journal, and take pleasure in transferring the article entire to our columns. It is very true that medical men who *teach* medicine or *practice* medicine for low fees, or no fees, generally know how to place a proper estimate on the value of their services ; and we certainly consider the propriety quite as commendable in the one case as the other. In both cases low fees are adopted on the principle and with the expectation of securing patronage that other merits would not.

“ Under the head of ‘ Fees ’ we read as follows : ‘ The American idea of free education has been carried out in the Medical Department of the Iowa State University as nearly as possible.

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Fee for the entire Course of Instruction, \$15! Matriculation Ticket, \$5; Demonstration Ticket (optional), \$5; Hospital Ticket, gratuitous. Graduating fee, \$80!!' Now we would like to inquire of our neighbors why the 'American idea' of free diplomas has not been carried out as nearly as possible. Where is the sense or propriety of charging double as much for a diploma as for an entire course of instruction? Is not this placing a far higher value on the mere *sheepskin* than on the *knowledge* which it ought to represent? We do not know, however, that in the business of medical teaching, any more than in medical practice, we have any right to complain of those who place a low estimate on their own services, since they are presumed to be best qualified to judge of their real value; but we do most seriously object to having this estimate made the standard for judging of the value of other men's labor; and for the life of us we can not see the difference between undercharging in the teaching any more than in the practice of medicine, since the principle involved and motives in the one case, are the same as in the other.

"It has always seemed to us that there is a great deal of humbug in all this hue and cry about free medical education. Instructors in medicine, as well as the instructors of youth in our literary institutions, must be paid by some one, and education must necessarily be a charge to the State, or else to individuals. If the State pays them, well and good; but if not, then individuals must: otherwise there would be no instruction given. Now if the professorships in our medical colleges were all endowed by the State, then 'free education' would be both possible and practicable; but where no such endowment exists, or is likely to exist, it is idle and worse than idle to make a parade about free education, as every one knows that it is an absurdity. We would like to know whether it is an 'American idea,' to work for nothing and maintain yourself. If it is, then we have greatly misunderstood the genius of our countrymen, who are proverbially loth to engage in any thing '*that will not pay*;' and we very much doubt whether our Iowa friends are in favor of this kind of '*free labor*;' and yet in the absence of endowment, this would be the inevitable result of the free educational scheme so much vaunted. But, after all, is it desirable either for the public at large, or for those engaged in the practice of medicine, that pro-

professional education should be made free? For ourselves, we have no hesitation in affirming that it is not, though we can not now stop to give our reasons. As things at present stand, we find that those medical colleges which charge the most have by far the largest classes; and students habitually go from beneath the very shadow of what are known as the *cheap schools*, to those which adhere to the ordinary rates of tuition. It seems rather to be an 'American idea,' that what is most valuable is most expensive, and is therefore most highly estimated.

"A few words as to another feature of this announcement. The Demonstrator's ticket, which is only half the ordinary price, is, we are told, left optional with the student, to be taken or not, as he may think best. Is practical anatomy so unimportant, that it is a matter of indifference whether the student acquire a knowledge of it by dissection or not? What then becomes of the 'American idea' on this subject so repeatedly and emphatically expressed by our National Medical Association? This is, however, a question which hardly needs discussion, as it has long since been settled that dissection is an absolutely indispensable prerequisite to the well educated physician, and our Iowa brethren should at least amend their programme in this particular."

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*The Memorial to John Hunter.*—It will be recollected by our readers that in closing the vaults of the old church in London, in 1859, Dr. Buckland discovered the remains of the great John Hunter. Great interest was manifested by the learned of all classes; and as a fitting honor to the memory of so great and good a man, his remains were interred in Westminster Abbey, that resting-place of so many of Britain's great men. A subscription was set on foot in England, by the profession, for the purpose of erecting a fitting monument to his memory.

The medical profession of the United States is supposed to entertain an equal veneration for the memory of Hunter with the British profession. At the last meeting of the American Medical Association, the following resolution was passed:

*Resolved*, That it be recommended to the different States to collect subscriptions of not more than *one dollar* each from every regularly educated physician, to aid in the erection of a monument about to be placed in Westminster Abbey to the memory of John Hunter; all moneys collected to be forwarded to the chairman of the committee hereby appointed.

Dr. Henry J. Bowditch, of Boston, Mass., was appointed chairman, and the committee was made up of one from each State in the Union. Dr. J. W. Russell, of Mt. Vernon, was appointed for our State to receive subscriptions.

We may state that "the autograph names of all subscribers will be arranged in a volume, to be deposited in the library of the Hunterian Museum, in London." We hope that every *regularly educated physician* will throw in his mite to aid so good a work. Let us as an American profession show that we love the truly great men in medicine, of whatever nation, kindred or tongue they may be. We are not prepared to indicate the best plan for collecting the money from those who may be desirous of subscribing. We will, however, acknowledge the receipt in our journal of any money which may be forwarded to us, and send it to Dr. Bowditch, of Boston. We suppose Dr. Russell will indicate some plan convenient for all.

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*Boylston Medical Prizes.*—The committee having in charge the awarding of Boylston prizes, gave the premium of ninety dollars, or a gold medal of that amount, to John Bell, M.D., of New York, for the best paper on the following subject: How far does the Microscope assist us in the Surgical Diagnosis? Dr. David W. Cheever, of Boston, received the second prize of the same value for the best paper on the following subject: The Value and Fallacy of Statistics in the Observation of Disease.

The committee propose the following subjects for 1861: Excision of Joints; Diagnosis and Treatment of Chronic Pleurisy. Papers on either of these questions must be sent (post-paid) to Dr. Edward Reynolds, Boston, on or before the first Wednesday in April, 1861.

For 1862 the following subjects are proposed: How far does the Microscope assist us in Surgical Diagnosis? On Nausea and Vomiting, as symptoms; under what circumstances do they occur, and what indications do they afford as to the seat and character of Disease? The best paper will receive the prize of sixty dollars, or a gold medal of that value.

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*The Medical College of Ohio.*—The *American Medical Times*, speaking of this ancient institution of medical instruction, says: "We regret to have to record the distractions of that once emi-



nent school of medical learning, founded in the early days of the Queen City of the West, and adorned by the talents of DRAKE, GROSS, CALDWELL, and HARRISON. There is no city that has such a great need of an influential school, with a united and energetic faculty. We trust the present organization will prove more useful than is predicted, and that its new professors will prove themselves worthy successors of the earlier teachers in that school." To all of which we respond an honest amen. If any one supposes we have a disposition to cultivate feelings of animosity towards our alma mater, or against those who are at present placed in charge of its destinies, they are greatly mistaken—they simply do not understand us. No one will record the prosperity and success of the Medical College of Ohio with more cheerfulness than ourselves.

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*Interesting Case in Obstetrics.*—We quote the following extract from a private letter from Dr. Wooden, of Clifty, Ind., trusting, however, that the Doctor will, as he promises, give a full report of the case :

"I delivered a woman, on the 6th inst., of a pair of twins *a la* Siamese. They were at full term, perfect in every particular, except that they were attached anteriorly from the upper third of the sternum to the umbilicus. Weight ten pounds—girls. One was dead when I called ; the other died during delivery. Perhaps I will report the case at some future time.

Yours fraternally,

J. L. WOODEN.

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*Adams County Medical Society.*—The physicians of Adams County, Ohio, met at West Union, September 1, ult., and organized a medical association, and apparently under prosperous auspices. The following officers were elected : Dr. V. E. Vanmeter, President ; Dr. D. Coleman, Vice President ; Dr. B. F. Coates, Secretary ; Dr. H. L. Philips, Treasurer ; Drs. Adamson, Viers, and McDill, Censors. Dr. J. T. Adamson was appointed essayist for the next meeting, with Dr. J. B. McDill as alternate.

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*Appointment in the Missouri Medical College.*—We have neglected to notice the election of Dr. G. M. B. Maughs, of the Kansas City *Med. and Surg. Review*, to the chair of Chemistry and Physiology in the Missouri Medical College.

*Resignation in South Carolina Medical College.*—Prof. Holbrook has resigned the Chair of Anatomy in this institution, and is succeeded by Dr. F. T. Miles, who has been the Demonstrator for several years. Prof. Holbrook, we believe, has been connected with South Carolina Medical College for many years—if we mistake not, from its organization.

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*To Readers and Correspondents.*—We regret to lay over much original and editorial matter prepared for this number, but the press of matter obliges us to do so. Our readers must wait for another month the discussion on the cod-liver oil question, in the Cincinnati Academy of Medicine. And for like reasons our friends who have articles on file must be patient with us.

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*Editorial Change.*—Drs. Logan and W. F. Westmoreland withdraw from the editorial management of the *Atlanta Med. and Surg. Journal*, and are succeeded by Dr. J. G. Westmoreland as editor and proprietor. The *Atlanta Journal* enters on its sixth volume, and we wish it and its new editor an abundant prosperity.

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—Our readers will find an account of a death from chloroform in this number of our journal. This is the second one which has occurred in this city. The first took place on February 23, 1848. We believe this was one of the first deaths reported from inhaling chloroform. Dr. Krause, the gentleman in whose care the recent death took place, is one of the best educated physicians and surgeons in this city or the West. A graduate of one of the German Universities, he has been a respectable practitioner for several years; we can, therefore, say, that no blame is to be attached to him in the case. It is becoming a question, in view of the deaths occurring from chloroform, whether it would not be safer to use a mixture of chloroform and ether. We know the advantages of chloroform, yet we believe that the opinion of practical men who find occasion for its frequent use, will very shortly be established against using it alone.

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—The *Medical and Surgical Reporter* states that Dr. Bradfoote Warwick, of Richmond, Va., has joined the surgical staff of the army of Garibaldi.

— Dr. R. J. Paterson, Superintendent of the Ohio Idiot Asylum, has been appointed Superintendent of the Iowa Hospital for the Insane, at Mt. Pleasant, in that State.

— Prof. E. M. Moore, formerly of Starling Medical College, has been appointed to the Chair of Surgery in the Buffalo School, made vacant by the resignation of Prof. Hamilton.

— Dr. J. Aitkin Meigs, of Philadelphia, has been elected a member of the Société d'Anthropologie de Paris. He was proposed by MM. Geoffroy St. Hilaire, Beclard and Broca.

— The Medical College advertisements of the school at Cleveland, and the Medical College of Ohio, may be found in their proper department. Our readers will of course take due note of them.

— At the commencement of the Long Island College Hospital, July 24th, the degree of M.D. was conferred on twenty young gentlemen. The whole number of students in attendance during the session was fifty-eight.

— Lindsay & Blakiston will very soon issue a large work entitled *American Medical Biography*, by Prof. S. D. Gross. It will consist of memoirs of the most distinguished physicians and surgeons of our country.

— Dr. D. Meredith Reese will soon put to press "a new and enlarged edition" of his medical lexicon. We are very glad of this, for his dictionary has always been a useful and convenient book to us. We feel sure it will meet with a large sale.

— Dr. H. D. Schmidt, late Assistant Demonstrator of Anatomy in the University Medical School, Philadelphia, has been appointed Demonstrator of Anatomy in the New Orleans School of Medicine. He is said to be an accomplished anatomist, and well qualified for the place.

— In New Orleans, according to the *N. O. Medical News and Hospital Gazette*, there were during the week ending July 15th between seventy-five to eighty cases of sun-stroke. The same journal states that there has not been a single case of yellow fever in that city during the summer, nor one admitted to Charity Hospital.

— Prof. L. M. Lawson, late of the Medical College of Ohio, has been appointed to the Chair of Clinical Medicine in the University of Louisiana, at New Orleans, and leaves shortly for that city. Prof. L. is well qualified for the place. In this connection we can not fail to say that the schools in New Orleans are doing more for the profession, and the instruction of students, than any others in the country. In both there are distinct chairs of clinical medicine and surgery; and in the New Orleans School there are chairs for the teaching of experimental physiology, and the diseases of women and children. We wish them the success they are working for, and so well deserve.

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## Editorial Abstracts and Selections.

### PRACTICAL MEDICINE.

1. *Opiated Colchicum Wine—Eisenman's Drops.*—This remedy, which has gained such a wonderful reputation in Europe for the relief of acute articular rheumatism, rheumatic affections of the mucous membrane, muscular rheumatism, rheumatic neuralgia, etc., is made after Dr. Eisenman's own receipt, which is as follows: R. Tinct. opii, 3 ij.; vini colchici sem. (Ph. Bor.), 3 iss. M., S. Dose, twenty drops three times a day.—*Louisville Med. News.*

2. *Removal of Stains of Nitrate of Silver.*—Black stains produced by nitrate of silver on the skin, nails, teeth, and on linen, etc., brushed over with a solution of cyanide of potassium (eight or ten grains of the salt to one ounce of distilled water), are removed after one or two applications.—*Dublin Med. Press.*

3. *Vaccination after Dr. W. Husband's Method.*—Dr. D. P. Smith, in a letter from Edinburgh to the *Amer. Med. Times* of September 8, thus describes Dr. Husband's method of vaccination: "On or before the eighth day after a successful vaccination, by slightly rupturing the vesicle, and dipping therein a delicate capillary glass tube, virus sufficient to vaccinate several people ascends into the tube by virtue of the capillary attraction; then withdrawing the tube and slightly shaking it, so that the virus

may be brought into the middle, both ends are in succession hermetically sealed, by being held in the flame of a candle until the end melting assumes a globular form. This process is all that is necessary to be done to procure and preserve the virus. When about to use it, all that is required is to break off both ends of the tube, and, slightly abrading the arm in one, two, or three places, to blow upon these surfaces a drop or two of the fluid. Dr. Husband assures me that nine out of every ten vaccinations 'take,' and that having employed tubes that were charged two years ago, their efficiency remains unimpaired. The tubes used are very fine, and about three inches long."

4. *Chilblains*.—M. Duchesne-Duparc applies the following to chilblains: R liq. ammonia, 3 ij.; spirit. minth., 3 ss.; saponis, 3 j. M. For imbrocation nights and mornings, on the parts affected.—*Champonniere's Journal*.

5. *Subcutaneous Injection of Acetate of Morphia in Delirium Tremens*. By Dr. Ogle.—Dr. Ogle reports a case of delirium tremens which was first treated with chloroform, and chloroform inhalations, but without success. He then injected one grain of acetate of morphia in solution into the cellular tissue of the arm, and in about an hour the patient fell asleep and slept five hours, waking quite rational.—*Med. Times and Gazette*, July 21, 1860: *Amer. Med. Times*.

6. *Slow Poisoning by Preparations of Lead; its Influence on the Offspring*.—This subject has been made the study of M. Constantine Paul, of Paris, and the results of his observations are deposited in the Archives Générales de Médecine. We condense a résumé of the work as given in the *Gazette Hebdomadaire*.

The attention of M. Paul was first directed to the hereditary transmission of the effects of inorganic substances introduced into the system, by the case of a woman who had given birth to three healthy children before she became exposed to the influence of lead; but who, after she had become exposed, had in ten pregnancies eight miscarriages, one still-born child, and one born at full term, but which died at the age of six months. The investigations which M. Paul instituted to ascertain whether the lead could have been the cause of this mortality in children, led him

to collect eighty-one observations, principally of women. From these he considers himself justified to affirm: "that the saturnine intoxication manifests itself not only by the ordinary accidents which we know, but also by the death of the fœtus, or the premature birth of the infant, whether it be the father or the mother who has been the subject of lead poisoning."

This fact is obvious, says the author:

"1. From the occurrence of metrorrhagias in women who have had a suppression of the menses during one or more months, with all the signs leading to a suspicion of pregnancy, as for these signs at so limited a period are of avail; 2. From miscarriages at three to six months; 3. From premature births, in which the children were still-born or dying; 4. From a mortality below the average, during the first three years of infancy."

Here are some of the details. The eighty-one observations of M. Paul gave a number of 123 pregnancies. In these were: 64 abortions; 4 premature deliveries, one at the seventh, and the other at the third month; 5 still-born; 20 children died in the first year; 8 in the second year; 7 in the third year; 1 died at a later period; 14 living children, of which only 10 are over three years of age; 15 hæmorrhages, belonging doubtlessly to abortions at a very early stage of pregnancy. Thus, in 123 confined pregnancies, 73 children died before accouchement. These figures speak for themselves.

The noxious influence of saturnine intoxication upon the offspring is thus obvious. Another proof is found, when the results of pregnancy before and after the lead-poisoning are compared. M. Paul cites the cases of five women, who, before being subjected to the lead, had together given birth to nine children at full term, and without metrorrhagias, miscarriages or other accidents. Since they had been exposed to the lead, they represented together 35 pregnancies; among these there were 26 miscarriages; 1 premature birth; 2 still-born; 5 children died, 4 in the first year; 2 are living, one weak and feeble, and the other has not reached its third year.

Again, M. Paul cites the case of a woman who had five miscarriages in so many pregnancies, while she worked in lead, and who, after having changed her occupation, gave birth to a living and thriving child.

The influence of lead poisoning, transmitted by the father to the child, is as clear as that by the mother. It is perhaps less fatal, probably because in the mother the intoxication operates upon the organism, not only at the moment of conception, but during the whole period of gestation.

The aptitude of fecundation does not appear to be modified by the saturnine intoxication.

7. *New Mode of Applying Chloroform in Neuralgia.* By Mr. Little.—From observing that the lips of the patients were particularly blistered after inhaling chloroform, Mr. Little was led to try the effects of this agent, when applied locally. He first covered it with oiled silk and gutta percha, but without success; he then used a watch glass to cover the lint soaked in it, with the best effect. He has thus applied it in neuralgias of the face, angina pectoris, lumbago, dysmenorrhœa, and allied affections.—*Edinburgh Medical Journal, April, 1860.*

8. *Bromide of Potassium as an Anesthetic.*—The anesthetic properties of the bromide of potassium have been turned to good account, by M. Guersant, Surgeon to the Hôpital des Enfants Malades, in the performance of operations in the neighborhood of the throat and pharynx, and more especially in that of staphylophary in the case of children. This practitioner has found that the administration of this salt, in sub-divided doses, to the amount of ten grains daily for a certain period, will produce a state of anesthesia, more or less complete, in the parts concerned in the above mentioned operation, rendering the employment of chloroform unnecessary, and still giving the surgeon the benefit of his patient's coöperation.—*Paris Cor. London Lancet.*

9. *Syphilitic Sore Throat.*—As a local application in syphilitic ulceration of the throat, tongue and lips, Mr. Coulson, of St. Mary's Hospital, London, makes use of the following formula with great success: Bichlorid. hydrg., grs. vi., hydrochloric acid, 12 drops, syrup, one ounce, water, eight ounces; to be used three times daily as a gargle, and the mouth to be washed after using it.

10. *Chloride of Zinc moulded into Sticks for the purpose of Cauterization.*—Soften gutta percha in boiling alcohol, and incorporate it with finely pulverized chloride of lime, in a warm porcelain

mortar, taking equal parts of each ; then roll rapidly on a porphyry slab, to the diameter of a quill, and divide in fragments, each of which shall be pointed at one end. Keep these in a wide-mouthed bottle in powdered lime. These sticks remain perfectly hard, are very easily handled, cauterize with great regularity, and act as a sponge through which the chloride will exude, becoming liquid by the action of the air and the skin.—*London Lancet*.

11. *Treatment of Gleet*.—Every one knows how tiresome and difficult to cure a gleet may become, and how weary of each other both patient and surgeon grow in consequence. A little “dodge,” which may not have yet crossed the channel, and which I have seen succeed here, when the whole armament of balsamics, injections and derivatives, had failed, is the following: Take a moderate sized wax bougie (the common yellow wax ones are the best), warm it slightly, and then roll it for a few seconds in well-powdered alum ; when thoroughly whitened with the salt, roll it between the hands, so as to press the alum well into the wax, and the instrument is ready for use. Make the patient micturate previously, and then pass your bougie, without the assistance of oil or cerate, as far as may be deemed advisable, cutting it off to within an inch of the orifice of the meatus, where it may be tied or not, and left for one hour each day. In this way a tiresome and refractory old gleet may be cured in ten days.—*Correspondent London Journal*.

Dr. Hackenberg, of Springfield, Ohio, in a paper “on the local treatment of gleet by compression,” in the *N. A. Med.-Chir. Review*, for September, 1860, recommends a treatment somewhat similar. He says: “The remedy that will fulfill in a great measure the indication in question, is gentle and prolonged compression by distension of the urethra. The instrument which I use for this purpose is made of different sizes, and is composed of ivory, or horn highly polished, and is simply a short bougie with a button or shoulder turned at one end to prevent it from slipping into the urethra. The following method may be observed in its use: Before its introduction, at bed time, the urethra should be well washed out with castile soap and water, followed by a mildly astringent lotion ; an instrument of a size which will well fill the urethra, is then oiled, and with gentleness introduced. In a short time the passage will accurately and tenaciously grasp the



instrument, and it is retained for the night without support or bandage. In the morning it is removed, followed by another cleansing process, which is repeated occasionally through the day. The application should be renewed every third or fourth night, until the cure is accomplished, which will occur after the third or sixth application. In removing the instrument in the morning, there is sometimes a difficulty in getting it out of the urethra — so firmly is it held within its grasp. A gentle rotatory movement, however, will soon disengage it, its exit being then readily accomplished by traction.

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OBSTETRICAL.

12. *Etherization in Labor.*—Dr. Storer asked if gentlemen had noticed a want of contraction of the uterine in women who had inhaled ether during labor? Within a few days he had seen two cases in which profuse hæmorrhage had occurred after delivery, owing to relaxation of the womb, and in each case the patient had been etherized, though in neither was the quantity of ether given specified. He had seen it stated abroad that hæmorrhage was apt to follow the use of anesthetics. He thought that uterine hæmorrhage was extremely rare; he had not seen a dozen cases since he had been in practice of sufficient severity to entail any serious consequences, and it was remarkable that two cases should have occurred to him at about the same time, both patients having been etherized.

Dr. J. P. Reynolds did not see how it was possible to draw the inference that the want of contraction was due to the ether in these cases,—similar accidents often happen when no ether has been given.

Dr. J. Bigelow was about to make the same remark; sequences, such as those reported by Storer, often occur in practice, and he thought that failure of contraction in the womb was as common before the practice of etherization as since.

Dr. Storer said every one must have observed that the inhalation of ether often arrests labor-pains; so much so, that we are frequently obliged to suspend it. If this be the case, why may not ether cause relaxation of the womb after delivery?

Dr. J. Bigelow thought that labor-pains were as active, in the aggregate, since the use of ether had become common, as before. He was not inclined to attribute so much effect to etherization in

arresting uterine contractions, as in preventing pain. If we give the mother ether enough to make her insensible during delivery, and then desist, and the uterus contract and expel the placenta, can we suppose that its subsequent relaxation, with hæmorrhage, is the remote effect of ether given half an hour before ?

Dr. H. J. Bigelow remarked that he thought Dr. J. Bigelow would have noticed the effect of ether in stopping labor-pains, had he not been in the habit of employing small doses. He felt sure that under large doses of ether uterine contractions are apt to cease, and that we are often obliged to suspend the inhalation on this account. Indeed, the wonder is, that hæmorrhage does not more frequently occur, since the largest doses are usually given just before the expulsion of the child. The muscular system yields gradually to the use of narcotics, the voluntary muscles before the organic, the uterus towards the last, but before the heart. He would observe, however, that since Dr. Storer, in his great experience, had seen but two cases in which hæmorrhage could be ascribed to the inhalation of ether, we might be sure there was no great danger from its use.

Dr. Storer said that in the cases he reported, the labors were not long, but the placenta lingered. After friction over the abdomen, contractions came on, and the placenta were expelled. Relaxation and hæmorrhage subsequently occurred. On account of its effect in delaying the progress of labor, he never proposed the use of ether to his patients in cases of natural labor, but he never withheld it if they requested it.

Dr. J. Bigelow said Dr. Storer might settle the question by means of statistics ; he could employ ether in fifty cases, and disperse with it in fifty others, and then see in which category hæmorrhage chiefly occurred. As to the propriety and use of ether, his views coincided with those of Dr. Storer. He rarely gave it, unless urged by the patient. If the women were very importunate, he would not refuse it ; and he could not say that he had ever seen any serious evil effects which could be attributed to it. He never made a patient insensible with it, if he could help it. In common cases he gave enough to take off the edge of the pain ; it exhilarates the patient, and enables her to endure her sufferings without complaint. He often made the woman hold the sponge herself, and when she becomes insensible she lets it drop ; and when more ether was called for, he gave her the

sponge again, without pouring fresh ether upon it. He never proposed it unless the labor were severe, or unless some operation were required, but he always gave it when it was urgently demanded.

Dr. C. E. Ware said he had no doubt of the effect of ether in retarding labor-pains, and he had frequently been obliged to suspend it entirely, on that account.

Dr. Bethune alluded to the fact that ether was employed in turning, in order to produce relaxation of the uterus.

Dr. Putnam said that etherization sometimes actually accelerated parturition, by promoting relaxation and controlling inordinate nervous action, but that in the great majority of cases it undoubtedly retarded it.

In regard to its connection with uterine hæmorrhage, it should be remembered that the motor power of the uterus, though lessened, is never annulled, but remains after the voluntary or respiratory muscles have ceased to act, and it may be presumed that if there be force enough to expel the placenta there will be enough to close the blood-vessels. If this were not so, hæmorrhage after etherization would be the rule instead of the exception.

In more than 500 cases collected by Dr. Channing, there was no evidence that hæmorrhage was caused by etherization. Chloroform was administered in 21 cases by Dr. E. W. Murphy, of the London University, with special regard to its effects, and he states that the uterus contracted with its usual power, expelled the placenta, and no hæmorrhage or other indication of atony appeared to ensue. He further quotes the result of 56 cases in which chloroform was used by Dr. Denham, and after careful examination could not find one instance in which the uterus lost its contractile power.

More recently, Messrs. Sinclair and Johnston, of the Dublin Lying-in Hospital, administered chloroform to complete anaesthesia in 313 cases, and "during the seven years not a single accident took place that could be attributed to its use."

Dr. P. hoped that continued careful observations would be made in reference to a point of so much importance. In his experience, etherization had not been followed by hæmorrhage.—*Boston Med. and Surgical Journal.*

*Circular.*

CIRCULAR.

The undersigned proposes to issue a yearly volume with the following title :  
*Summary of American Contributions to Medical Sciences and Literature.*

It is intended that part *first*, of each volume, shall comprise an arranged *summary* of, and index to, all the important and original papers published in the various medical journals of this country, for the year immediately preceding. Part *second* will comprise a *summary* of, and index to, all papers published in the transactions of the National and various State and County Medical Societies. Part *third* will embrace reviews of all medical works of American authorship, published during the year, with a *summary* of the opinions in opinion or practice therein.

Under the above plan and arrangement, such other additions shall be made as the circumstances may suggest. The first volume will be issued early in the spring of 1861.

In the preparation of our *Summary of American Medical Journalism*, for the *Monthly*, we have solicited a copy of all medical journals published in this country ; the *American Journal of Medical Sciences*, the *N. O. Medical and Surgical Journal*, the *Ohio Medical and Surgical Journal*, and the *American Medical Times*, are the only ones that have failed to comply with the request. To facilitate our design, we request an *exchange* with *all American medical journals*, to be sent to our address as issued. All medical societies that publish their transactions will, we trust, be kind enough to send their transactions to us. Publishers of medical books, particularly of American authorship, are earnestly requested to send, so soon as issued, *all books* of the character as above.

The importance of a work of the character as above, for the information of the profession, and for the honor and dignity of *American medicine*, will readily be appreciated by all. We can not prepare the work and publish it at a pecuniary profit, hence, the object of this circular is to request that all physicians who encourage the work and become subscribers to the same, would send us their names *at once*—payment to be made only on the publication of the work. The work shall contain from 500 to 1000 pages, be substantially bound, and issued at the low price of *three dollars*. That we may know whether the work will receive sufficient encouragement to justify its completion and publication, we request that subscribers' names may be sent in immediately. As a token of favor and encouragement of this truly national enterprise, we would request that all medical journals of this country would copy our circular.

To editors and publishers we would say that it is designed that our *Yearly Summary* commence its gleanings from the year 1860. Journal editors and publishers will remember this, in sending their respective publications to

the undersigned, journals, published transactions, and names of subscribers, should

be sent to

O. C. GIBBS, M.D.,

Frewsburg, Chautauque Co., N. Y.

THE  
CINCINNATI LANCET AND OBSERVER.

CONDUCTED BY

E. B. STEVENS, M.D., J. A. MURPHY, M.D., AND G. C. E. WEBER, M.D.

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NOVEMBER, 1860.

No. 11

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Original Communications.

ARTICLE I.—*Illustrations of Medical Jurisprudence.* By C. A. HARTMANN, M.D., Coroner of Cuyahoga County, Ohio.

*Alleged Poisoning.*—Under this head I intend to include those medico-legal investigations where a charge of poisoning was made, or a strong suspicion existed, but these were not confirmed by the facts elicited.

1. Friedrich Schmidt, a German tailor, had been removed to the Cleveland Marine Hospital, Jan. 16, 1858, with what appeared to his friends a trifling disease. He died the same day, in consequence, it was stated, of some poison given to him at the hospital, through the ignorance or a mistake of the attendants. The body had been buried the next day, but was disinterred three days later, and a coroner's inquest applied for.

About a week previous to his decease, Schmidt had called upon Dr. W. Meyer for medical advice. He at that time complained of pain in the right side of the abdomen, near the navel; considerable dizziness, frequent watery discharges from the bowels. Tongue slightly covered, pulse somewhat feverish; face pale; appetite disturbed, but not entirely wanting. Considering the case one of typhoid fever, the doctor advised him to go to the hospital, but that the patient would not do. Thereupon chlorine water was prescribed, in an aromatic infusion. A slight improve-

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ment followed ; in a few days the patient complained hardly anything except weakness, for which he insisted on having strengthening medicines. These were refused, because his friends had taken steps to remove him to the Marine Hospital. He arrived there between 1 and 2 o'clock P. M. The assistant student thought the man was suffering from inflammation of the lungs, and was already beyond the possibility of recovery ; gave him, therefore, about one-third of a grain of morphine, and left. At 4 o'clock Schmidt expired without a struggle.

Obduction by Drs. Will. Meyer and C. Schenk. Lips looking as usual after typhoid fever. Xyphoid cartilage swollen, probably in consequence of a fall, or some other injury received before death. Right lung hepatized in its upper part, apparently in consequence of some old inflammatory affection ; showing also a few ulcerated spots. Some watery effusion, of a grayish color, in the right part of the thoracic cavity. A slight emphysema on the upper surface of the left lung appears to be merely a symptom of beginning decomposition. Pleura and peritoneum of a bluish-red color, either from decomposition or typhoid fever. Liver considerably enlarged, but otherwise not diseased. In the stomach the irregular red spots usually found in intemperate persons. Intestines empty and without symptoms of irritation. Bladder full ; spleen and kidneys healthy.

Death could not be ascribed to any other cause but typhoid fever, perhaps in combination with intemperate habits and pre-existing disease of the right lung. The dose of morphine administered was evidently too small to do much damage ; and although there was hardly an indication for it, still its use might be justified when, as in the present case, death is approaching. The student testified that he had made diseases of the lungs his special study ; his diagnosis, however, does not demonstrate more than a very superficial knowledge of the important signs obtained by a well-conducted percussion and auscultation ; and the post-mortem examination proved that he did not take the trouble of examining the case with that minuteness we have certainly a right to expect in the hospitals sustained by the United States. Under varied circumstances, that little bit of morphine might have proven of serious consequence to him.

2. Rosanna Ready, an Irish widow, fifty years old, had signed

the temperance pledge, after a long course of liquor-drinking, but broke it about three weeks before her death, drinking as much as ever before. She was known to have a sum of money, in gold, sewed up in her dress ; this being not found, and she having died unexpectedly at the house of a well-known vagabond, it was surmised she had been poisoned for the sake of her money. The body was taken up two days after burial, and the following facts disclosed on examination :

Mrs. Ready had been coaxed away from her residence by a rogue named Williams, so as to come and live with him, who had barely room for himself, his pretended wife, and a child, — these three persons occupying a single room, and having but one bed. This Williams, and the woman acting as his wife, furnished to Aunt Rosy more whiskey than she was able to bear, keeping her for nearly eight days in an almost uninterrupted state of intoxication. During this time she lent to Williams some fifteen dollars of her money, disclosing at the same time the hiding-place of her treasure. On Friday, November 26, 1858, the man went to a drug-store for opium-pills, thinking, as he said, these would benefit the "old woman;" the clerk in the store declined to give them, but advised some whiskey-punch, which was administered. This was early in the morning. For some time afterwards Mrs. Ready fell into a loquacity, lasting an hour or more ; then she became quiet, and died at noon. The undertaker who laid out the body found the place where the money had been, in the bodice of the deceased ; the gold itself was gone. Notwithstanding this robbery, somebody went during the next night to the undertaker's barn, opened the coffin, and stole everything on the body, leaving it entirely naked. The perpetrator of this disgusting act escaped detection ; it could not even be ascertained for what purpose that outrage had been committed, or what connection, if any, it had with the woman's money.

Post-mortem examination by Drs. F. W. Marseilles and R. Storey. One of the lungs engorged, giving a subcrepitous sound. Liver thoroughly disorganized, being much indurated, yet friable internally. Spleen atrophied, shrivelled and wholly diseased in its structure. Both kidneys more or less involved in disease. In the stomach three distinct patches, due to capillary engorgement ; no aliments in it. Some passive inflammation in a por-

tion of the bowels, which were nearly empty. With the exception of some slight ecchymoses on the lower part of the body, no marks of any particular character. No evidence of the presence of opium, or any other poison.

The jury arrived at the conclusion that death was the result of general disease of the whole system, but had been somewhat accelerated by want of proper care, and by the deceased being kept in a state of excitement with stimulating drinks, up to the time of her death.

This verdict is in accordance with the facts developed ; but the deposition of the physicians lacks that exactness doubly desirable in doubtful cases like the one we are treating of. There was disease enough in the internal organs to produce death, without any neglect or fault on the part of the attendants ; the condition of the stomach, however, must have been the immediate cause of death, and it ought to have been explained how far it was so, either in itself or in combination with the morbid condition of spleen, liver, kidney, and lung. For the purpose of the investigation the question remained irrelevant, whether all these organs could be subjected to such morbid changes in consequence of habitual liquor-drinking or not. Improper food and an irregular life for a long time might have caused them just as well ; and probably other influences were at play in producing them. The inflammatory condition of the mucous membrane of the stomach was perhaps the only symptom that could be directly ascribed to the improper use of alcohol. Being, however, evidently not of very recent origin, even a charge of poisoning by over-dose of liquor could not be sustained by this evidence ; but the dissolution of the organism must have been hastened by the partly enforced abstinence from food during the last week, and the intoxicating beverages continually exhibited during that time. The statutes of Ohio contain nothing to make such treatment criminal ; and so the verdict had no effect whatever on the accused parties.

3. Catherine Stacey, a Scotch woman, living in East Cleveland, was suddenly seized with fits, while getting up, in the presence of her husband, November the 17th, 1858. With the fifth fit she expired. A young man boarding at the house, and having been long suspected to be on too intimate terms with Mrs. Stacey,



during the frequent absence of her husband, was accused of having poisoned her, because, it was said, she had declined all further intercourse with him. It was even positively asserted that he had used strychnine for this purpose ; but this opinion turned out to be loosely based upon a description of the fits.

Mrs. Stacey had been suffering from fever and ague three months previous to her death, but soon recovered her health, which since remained unimpaired, with the exception of a slight trouble in the stomach. To relieve this, the woman had been taking salts twice a week for some time. The night previous to her death, as well as before rising in the morning, she had taken a dose of it in catnip tea. This tea had been prepared by herself, while the salt was bought from a reliable physician.

While dressing, the woman suddenly cried out, "How bad I feel at the stomach ;" she lay down on the bed, and a few moments afterwards the spasm came on. The patient commenced throwing herself all over the bed, attempted to raise herself by lifting the body, keeping the head down and drawing the legs up by the knee, while the arms were somewhat bent and twisted at the elbow. At the same time she constantly hallooed to "squeeze her down." Rubbing her arms appeared to ease her. This lasted from ten to fifteen minutes ; two minutes passed, and then another fit appeared, and so three more, all after the same interval, and lasting the same time. With the last two spasms there was also lock-jaw. A few minutes after the fifth one the woman breathed her last.

This description agreeing, as given by two witnesses, one the husband of the deceased, the other a neighboring lady who had been called to render what assistance might be available, the idea of strychnine could not be entertained any longer. It would be hard to decide what other poison the symptoms described possibly pointed to. There was nothing suspicious in the catnip-tea, and the salt employed proved to be innocent in itself, although its use may not have been adapted to the case.

The examination of the body, made by Dr. E. D. Burton, revealed no external injury. General appearance of cellular tissue more yellow than usual. Liver and spleen morbidly enlarged, but without organic disease. The internal coat of the stomach corrugated and partly inflamed, in consequence of some not

recent cause. About half a pint of yellowish-green fluid in the stomach. All other parts healthy.

No direct cause of death being detected, it was supposed to have been the consequence of a spasmodic affection of the nervous system, resulting from disease of the stomach; and the verdict was rendered accordingly.

Considering that spasmodic affections of the nerves can not be demonstrated anatomically, — that, consequently, a more searching examination, including the spinal marrow, would, in all probability, not have furnished any other reliable information, while the starting-point of the spasms was undoubtedly in or near the stomach, perhaps in the solar plexus, the result of the investigation must be declared satisfactory in the medical as well as the legal view of the case.

4. Mary Congdon, an Irish woman, about forty years of age, kept a disorderly house on Detroit street, Cleveland, leading not only herself a highly immoral life, but harboring also other women of the same character. One morning she was found dead in her bed; and from the many quarrels she had, the supposition arose that she might have been poisoned. The women in the house were too drunk to state what had happened during the night, or who had been with them; so there was no evidence beyond the post-mortem examination. It was made by Drs. A. C. Messenger and F. McFarland. The mucous coat of the stomach was found severely inflamed and softened, almost to its whole extent, evidently in consequence of intemperance. A part of the intestinal mucous membrane was in the same condition, and the liver enlarged to twice its usual size, and very friable. Verdict: Died in consequence of intemperance.

5. A similar case is that of Rosa Macksville. She lived in a house of ill-repute, with two other women, and was found dead one morning, having had a dispute with the keeper of the house the preceding afternoon. During the evening Rosa had been around as usual, not complaining, and talking freely. What had happened during the night between the three women, who occupied the same room, could not be ascertained — the statements of the remaining two contradicting each other in nearly every particular, except that the deceased had taken nothing during the night. It was very suspicious, however, that the one of them

boarding at the house complained the same morning, and appeared sick enough to require medical attendance. Her trouble turned out to be irritation of the stomach, resulting from habitual drunkenness. That not explaining the mystery connected with Rosa's death, the body was opened by Drs. Sam. Leslie and T. W. Marseilles. They found considerable inflammation, with purulent infiltration, partial softening and partial hepatization in both lungs, the spleen softened, but the other organs healthy. The disease in the lungs was more than enough to destroy life, without the aid of alcohol or other poison, of which no symptoms were present.

6. Mary Delany, Irish, about forty years old, had been living with a fellow by the name of Murphy, who died on the street, probably from insolation. A few days afterwards the woman was found dead on her bed. A little boy stepped accidentally into the room and found her. This was at 2 o'clock p. m. Hardly fifteen minutes before, the woman had been noticed sitting in the front room, and having a man with her. A cup containing about a teaspoonful of a greenish-gray fluid, on the table in this front room, awakened a suspicion of poisoning. It was ascertained, however, that the said fluid was nothing but common tea, and that the visitor was an acquaintance calling for the purpose of offering some assistance to the woman. She had been washing all the morning in the yard, exposed to the sun of a hot July day; between 12 and 1 o'clock she went to some relations of Murphy, living about half a mile from her own residence. There she looked very exhausted,—stated she had not eaten anything that day; refused, nevertheless, to partake of the dinner offered to her, accepting only some tea and water. The jury found that she had died from excessive grief and over-exertion.

The given cause of death in this instance is, at best, very vague. As the woman was addicted to liquor-drinking, she probably died from some organic disease resulting from this habit, or from pneumonia, or may-be from some other neglected disease. On the absence of witnesses who could furnish evidence in regard to the symptoms exhibited or complained of, the true cause of death would have been revealed only by an obduction; this was not made, because the evidence furnished appeared quite sufficient to destroy the existing suspicions, leaving the decease

to be accounted for by some natural cause. The time has not yet come for legislators and county-rulers to pay due regard to the claims of the medical profession; at present, the rule is to save money, wherever possible, and the fees for post-mortem examinations form an item not much in favor with the judges who have to allow them. For this reason alone, the more minute examination must be dispensed with in many instances, and the interest of science sacrificed on the altar of misplaced economy.

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ART. II.—*Case of Senile Gangrene following Pneumonia.* Reported to the Alliance Medical and Surgical Society. By JOSEPH PRICE, M.D., Randolph, O.

On April 11th, 1859, I was called upon to see Horace White, aged sixty-one years, of nervous temperament, with light blue eyes and white hair, and having the appearance of a man of more than his years. By occupation a farmer.

The history obtained of himself respecting his previous condition was, briefly, that he had been out of health more than a year, suffering with coldness of the extremities during the greater part of that time. Appetite poor; inability to labor, a great part of the time; had suffered with pain in his right side, and at times with slight headache; in short, was very much debilitated. Two days previous to my visit, was taken with a chill, followed by fever, headache, pain in the right side, on inspiration, with cough, and expectorating a mucus more or less streaked or mixed with blood: the rusty sputa.

On examination, I found him laboring under pneumonia of the right lung. Hurried respiration; pulse 90, and rather soft; urine high colored and scanty; bowels constipated; skin hot and dry; tongue coated of a yellow color, and not very dry; complaining of thirst, with dryness about the pharynx.

Put him under treatment practiced in cases of asthenic inflammation, as in all cases coming under my care at the time there was a tendency to low form of epidemic disease, and more particularly in this case, as there had been a general prostration of vital powers previous to the acute disease. Omitting venesection and antimony, I gave him a cathartic containing mercury, to arouse

the secretions, following it with alterative doses of calomel combined with opium and ipecac, alternated with comp. syrup of squills and veratrum viride, continuing it until the pulse came to near the healthy condition; this, with counter-irritation to the side, and mucilaginous drinks, was the treatment adopted, with slight variation, for ten days, when the inflammatory symptoms subsided, and the case, to all appearance, was convalescing, as the tongue had thrown off its coat, leaving it moist and natural in color; fever subsided; pulse from 60 to 66; all the secretions normal; respiration near eighteen per minute, and without pain. Ordered an infusion of serpentaria and wine whey, to be taken alternately, during the day; and at night Dover's powders, to procure rest. Dismissed the case about the 23d of April, and heard nothing further from the case until the first of May. Was again summoned to see him. Found a train of symptoms which appeared unfavorable to a healthy termination. Pulse was now 45, and fluctuating; but little force to the heart's action; countenance pale and sunken, with a sallow appearance of the skin generally; some cough, and expectorating a dark, greenish matter, which, with the breath, were intolerably fetid; tongue deep red color, smooth and moist; cold perspiration, with great general prostration. Intellect good; said he at times felt very much like smothering; had no pain in respiration, and but little more frequent than normal.

He manifested an anxiety disproportioned to the extent of disease, which led me to conclude that the lung, or a portion of it, was gangrenous, as there were present all the symptoms described by authors in circumscribed gangrene of that organ. Taking this view of the case, I deemed the prognosis rather unfavorable. Prescribed tonics and stimulants freely. Quinia sulph., grs. ij., every two hours, alternating with a wineglassful of wine whey, with as much nitrogenized food in the shape of eggs, beef tea, etc., as could be tolerated by the stomach. Opium at night, to secure rest; and, when deemed necessary, procured alvine evacuations by administration of castor oil and spts. turpentine. Under this continued treatment, with slight alteration, for more than three weeks, the system rallied; the pulse gradually coming up to 60 per minute; discharge from the lungs diminished in quantity, and became mucous instead of pur-

ulent, and lost its offensive smell, accompanied by a general improvement in strength and appearance. Supposing the case again convalescing, I did not visit him but once in three or four days. On my return to see him, about the 20th of May, he complained of a pain in the small toe of the left foot; said "he had not slept any the night previous, with it." Described the pain as "stinging and darting," from the end of the toe upwards to near the outer maleolus, without any cessation, and was nervous from pain and loss of sleep. Upon examination of the toe, could discover none of the symptoms of inflammation, except the pain; no redness, heat or swelling. Pulse and tongue natural; appetite good; skin moist, and of normal temperature.

Being satisfied that there had been gangrene of a portion of the lung, and knowing that he had lost his father with senile gangrene of the lower extremities, about fifteen years since, set up similar to this, led the family and myself to believe the disease in the toe was of that character. The pain continued in the part, being aggravated at night, for about two weeks, before there was any change discernible in the foot or toe, when a small black spot appeared on the extremity; and at the same time swelling commenced in the toe, with a red border around the black spot.

His general health improved all the time, and continued, except an irritable condition of the nervous system; appetite good; could take animal food enough, with ale or porter, to sustain strength: opium, conium, or hyoscyamus being used to control the nervous irritability. Local applications at this stage did not appear to be of any benefit, except keeping it moist by mucilaginous poultices.

At about the end of the fourth week from the commencement of the pain in the toe, the disease had extended upwards as far as the matrix of the nail, when it made a terminating pause, and the dead part become detached by ulceration, and stripped off like a closed-ended thimble, leaving the parts beneath of a dark reddish color, and slightly sensitive. Commencing again, it extended upwards, and soon involved the whole toe, making another pause for near two weeks, and nature made an effort at amputation, which I assisted, removing as much as was entirely sphacelated of bone and soft parts.

I saw him again in three days; found him laboring under cholera morbus, which produced some prostration. Gangrene again commenced, and made slow progress for ten days, when it involved all the phalangeal bones of the small toe, and near one-third of the metatarsal, and also extending under the two adjoining toes, through the soft parts, affecting the osseous structures but little, but taking the soft parts down to the bones, about one and a half inches in width at the base, terminating in an apex under the third toe. Here it stopped again, and nature commenced her plan of amputation, which I again assisted, removing all that was dead as fast as loosened, and taking off the metatarsal bone about one inch above the articulation of the fifth toe.

Treated him with tonics and stimulants, with local applications of carb. zinc and chlor. mercury, dusting it on all the diseased surfaces, each alternate day — keeping the parts, in the interval, covered with basilicon ointment. This appearing to operate well, I continued it for near — weeks, at which time the parts had become cicatrized to an extent that I conceived the case out of danger of further progress of the kind, and dismissed him.

Six months have elapsed since the above was written, and the subject of this report has been gradually increasing in strength, and is without symptoms of an outbreak of a similar character.

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ART. III.—*Incarnatio Unguis* — *Inverted Toe-Nail*. By Dr. B. WEBER, Cincinnati, Ohio.

Since the time of Paul of Ægina (A. D. 668), a number of methods have been proposed for the healing of this extremely painful, and at the same time disabling affliction. All of them, though, up to this day, have proved either insufficient, or their application is too painful and disheartening. We will enumerate them in their succession. Paul of Ægina recommended the removal, by the knife, of the soft parts which cover the nail, to where it had grown in, and then canterization of the wound. Abul Kasem (1106), Ambrose Paré (1509), and our cotemporaries Brachet and Amupet, followed the same practice.

Fabricius Ab Aqua Pendente (1619) tried to obviate the irrita-

tion of the nail upon the flesh by lint pledgets dipped in warm water; Depault by a small piece of tin, and Richerand by small plates of lead. Ozanan and Cheliny did the same, or used spunk instead of lint. Pittschaff recommended to scrape the nail thin, then to place a thin layer of wax over it, and moisten the part of the nail grown in every night and morning with tincture of opium. Plaquier scraped the sick side of the nail thin, then cut away that whole side, and applied emollient poultices. Astley Cooper pursued pretty much the same method. Lafay scrapes the nail thin, then cuts out of the middle of it a V-shaped piece, the point being towards the root of the nail; then he inserts into the anterior ends of the cut a lead wire, and brings them gradually together by twisting together the wire. Guillemot cuts away the part of the nail which is not grown in, by which operation, he says, the part grown in must come out of the flesh of its own accord. Sanson and Begia consider this mode of operating suitable only for very light cases. Lis Franc inserts the bistoury under the nail, and cuts that entirely away with the soft parts adhering to it. The process most advocated in later times is that of Dupuytren. He inserts the blade of a pair of straight, sharp scissors under the middle of the nail, and splits it into two halves. Getting hold of the diseased portion with a princette, he beads it over, and, tearing it loose from its connection, extracts it. The excrescences he cauterizes with the red hot iron. Rust follows Dupuytren's method, but uses, instead of the "actual cantery," the red precipitate. Vanderbach applied the kali causticum under the perforated adhesive plaster (*emplastrum penetratum*), to remove the nail; and Kremer, from his own experience, highly approves of this method.

In the last May number of the *Cleveland Medical Gazette* we find mentioned the modes of proceeding of Drs. Gillman and Alcantara, to which I here subjoin my own method, which in numberless instances made all others superfluous. To attain my object, I made use of the following composition:

℞ Cortic. querci, ʒ ss.

Gallarum turcicarum, ʒ j.

Concisse coque in aq. commun., ʒ x., ad remanentiam, ʒ vj. Colatura addatur

Argen'i nitrici fusi, ℥ j.-ʒ j.

Acet. saturni, ʒ ij. M.

D. S. Embrocatio.



With this mixture the sick toe is to be moistened all over, and as much as possible of the liquid dropped into the fissure between the nail and flesh, and then the toe to be bandaged with a strip of linen about one and a half inches wide, and eight inches long. After the end coming next to the nail has been saturated thoroughly with the liquid, the balance of the strip is wrapped around the toe. The moistening of the inner end of the strip has to be repeated through the day four, or six, or ten times, and to be continued until a cure is effected. Generally the application causes no particular pain; if, though, there should be much sensitiveness, from six to twelve grains of morphine might be added.

Soon after the application of this remedy the swelling of the toe subsides, the excrescences, the proud flesh shrink, get black, as also the whole toe; the nail gets brown, soft, brittle, loses its stiffness, and ceases to press and dig into the flesh; the skin peels off, and out of the matrix a new, well-formed nail will be developed. If it is intended to effect a cure in a shorter time, and the patient is not afraid of some pain, it would answer to place a piece of lunar caustic, under a perforated plaster, on the diseased portion of the nail, which in a very few (five to ten) hours would remove the excrescences, when it would be necessary to remove the bandage. The first mentioned method, though, always was preferred by my patients.

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ART. IV.—*Cephalic Version—A Case.* Communicated to the Wisconsin Central Medical Association. By WM. CRANE, M.D., Cottage Grove, Wisconsin.

The following case having been one of peculiar interest to me, and supposing such communications, though in themselves of minor importance, may be acceptable to your association, I take the liberty to forward it to you, which I do by request of one of your members:

I was requested to attend Mrs. P., of this place, on the morning of June 9th. She had been in labor over twenty-four hours, under the care of a midwife, who informed me that the membranes were ruptured soon after her arrival the morning before. Her labor had been regular ever since.

On examination I found the right shoulder presenting, with the arm down, though flexed at the elbow, and enclosed in a fold of membrane. Part of the placenta was protruding at the vulva. The head was lodged in the left iliac fossa. The pains were excessive and nearly continuous, such as usually indicate the last stage of labor.

Under the impression that any effort at manipulation could not be successful while the parturient efforts were so strong, I gave her a full dose of morphine, and made firm but continuous pressure against the shoulder of the fœtus. In about thirty minutes the uterine contractions relaxed, and the parturient efforts became regularly intermittent. During the absence of a pain, I succeeded in returning the shoulder and arm within the uterus, and at the same time permitted the placenta to be completely expelled. I now determined to make the effort to accomplish cephalic version, in accordance with the plan recently advised by a contributor to the *Cincinnati Lancet and Observer*, before proceeding to the common plan in such cases, of delivery by pedal version. Accordingly, with my finger against the shoulder of the fœtus, I pushed it as high upward as possible, in order to give room for the head to pass the brim of the pelvis. I was delighted, and, I must confess, somewhat surprised, to observe, during the next uterine contraction, the head, by a slight rotary motion, to assume the first position, and the fœtus was delivered in about five minutes. It was of course dead, as the maternal circulation had been suspended for more than twenty-four hours. The recovery of the patient was rapid and uninterrupted.

I had intended to make some further suggestions with regard to cephalic version, but this narrative will suggest to any intelligent practitioner most that I could say on the subject. It seems to me, however, a matter that ought to engage the careful consideration of practitioners, as affording a more safe and less painful method than the one heretofore practiced; for if the effort should not be crowned with success, but little time is lost, and no impediment is added to the common plan adopted in such cases.

— Dr. Heath, a member of the association, communicated a case which had recently occurred under his care, which seemed to demand pedal version — that in the effort to pass up his hand for the purpose of seeking the feet, the head of the fœtus assumed

its position as in natural labor; and the process was completed with little delay. The position thus assumed by the head was unsought and unexpected by him, and was regarded simply as an anomalous phenomena, and such as would not be likely to be repeated, even by the most careful and well directed efforts of the practitioner.

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ART. V.—*Persulphate of Iron in a Case of Post-Partum Uterine Hæmorrhage.* By GEORGE MENDENHALL, M.D., Cincinnati, O.

On the 29th of September I was called to a case of uterine hæmorrhage, in consultation with Dr. H. E. Foote, who was in attendance on the case. Dr. John F. White was also associated with us in the consultation. Dr. F. informed us that the labor had progressed as usual, and that the placenta had been expelled into the vagina, by the contractions of the uterus, *immediately* following the expulsion of the child, and was at once removed. The uterus seemed to contract well, also, after the expulsion of the placenta. About ten minutes after delivery his attention was attracted to the pallor of his patient and upon examination, the distended uterus was found extending above the umbilicus. Friction over the fundus and body of the uterus was resorted to, and the hand was introduced into that organ. This was followed by a good degree of contraction, and the expulsion of coagula, but it soon again relaxed. Ice was introduced and the hand retained, notwithstanding which the hæmorrhage continued. Ice was also applied externally. The pulse became almost imperceptible, and brandy was administered freely. Four hours after delivery, when I saw the patient, there was some little reaction, the hæmorrhage, however, continuing steadily, although lessened in quantity; and the uterus was in a very relaxed condition — particularly in its anterior wall and neck.

I introduced my left hand into the uterus, and made pressure exteriorly with the right, which produced little or no contraction, and the hæmorrhage was not checked. Ice was resorted to again, internally, without any other than temporary results. If the introduction of the hand had any effect, it was rather to increase the hæmorrhage, because it irritated the uterus and dis-

turbed the coagula, without any success in inducing uterine contractions. Ergot, and a saturated solution of the persulphate of iron were sent for. The ergot arrived first, and was administered with little or no apparent effect, as we supposed on account of the extreme prostration of the patient; and it was not thought best to wait longer for its action. With the hand in the vagina and partly in the uterus, a catheter was introduced to the uterine fundus, and about three ounces of the saturated solution of the persulphate of iron injected through it into that organ. The hand was retained for a few minutes, so as to retain as far as possible the solution in contact with the inner surface of the uterus. It produced no pain, and increased the contractions of the uterus but very slightly. The blood in the uterus and vagina were coagulated in a manner that can only be produced by this preparation of iron. The hand was withdrawn, and watch kept over the condition of the uterus and the discharges from the vagina. From that moment not another drop of fresh blood was discharged from the uterus and vagina. The patient was bandaged, reaction came on, and she recovered without an unpleasant symptom.

For the next forty-eight hours the discharge consisted entirely of the disintegrated blood, which had no doubt been in the vagina and uterus prior to the injection. This was succeeded by, and intermixed with, a serous or sero-mucous discharge, tinged in color by the persulphate, which gradually became of the natural color that the lochia assumes upon the cessation of the presence of the red globules of the blood. *After the injection there was not at any time a particle of fresh blood, or a tinge of it, in the lochia.*

In the great majority of cases of post-partum hæmorrhages a resort to this article is unnecessary: ergot, friction, and the introduction of the hand into the vagina and uterus, and clearing out the accumulated clots contained therein, will be sufficient to induce a reliable contraction of the uterus. In some cases, of which this was one, these remedies are not sufficient to check the hæmorrhage, and other means become necessary. Where there is extreme prostration, ergot sometimes fails to produce contractions; in other cases we may fail in getting a reliable article, while in others it may not be retained on the stomach; and again, when everything is favorable to its use, its action may not be suffi-

ciently quick. The steady loss of the vital current may produce death before we can expect its effects to be produced. In such cases, a prompt and reliable remedy is demanded; and we have it, I have no doubt, in the *persulphate of iron*. Its use in this case was suggested from having seen its beneficial effects in a case of hæmorrhage from chronic inversion; in which case it was repeatedly applied as the hæmorrhage recurred, with entire success in preventing further flow at the time. It never produced any inflammation, soreness, or other inconvenience. The value of a remedy having the powerful astringent properties that this has, without any caustic or other irritating properties, can not but be appreciated. It would seem to be applicable in post-partum hæmorrhages where there is great relaxation of the uterus; in cases of hæmorrhage accompanying abortion in the early months, and in excessive menorrhagia.

I have used the diluted tincture of iodine, to which hydriodate of potassa had been added, to prevent the precipitation of iodine, in cases of menorrhagia, with great success; but I have no doubt but that this article would be equally or more efficacious, and with less risk of producing pain or other difficulty. How far it may be found useful as an injection in uterine leucorrhœa, diluted to suit the case, I can not say. It would certainly be safer in every respect than the nitrate of silver.

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ART. VI.—*Dr. Fisher's Case.* BY JOHN DELAMATER, M.D., Professor of General Pathology, Midwifery, etc., in Western Reserve College, Cleveland, Ohio.

[Continued.]

Our inquiry will be simplified by a recurrence to the leading conclusions at which we have previously arrived, which I, therefore, take liberty to do.

It has been assumed that the causes of inversion are of a two-fold nature: 1st. Predisposing or preparatory — certain conditions of the uterus of a nature to favor and facilitate the change; and 2d. Exciting or efficient causes, being those agencies by means of which the inversion is immediately induced.

The conditions of the organ predisposing to or favoring the

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change, are expansion of the cavity, and a softened or relaxed state of the walls of the organ ; or may be such a degree of contraction of the walls as will merely maintain the proper form of the organ, with a duly open state of its cavity, but short of that which would reduce its cavity to a small space, and at the same time thicken and greatly densify its walls in a manner to resist inversion, as is usually observed at the close of an entirely natural labor.

The exciting or efficient causes have in all times, until within a very recent period, been universally regarded as consisting in some mechanical agent of a nature adapted to force the fundus downward into its cavity, and the force being great or prolonged, while the neck and mouth of the organ, at least, was non-resisting ; the entire organ, turned inside out, is sometimes lodged at once in the vagina, and even protruded beyond that canal externally.

Formerly, tractions by the umbilical cord, for effecting the removal of the placenta, were chiefly attributed as the exciting or efficient cause,—it being at the same time admitted that in some instances the accident was caused by means of the pressure and impulse of the intestines operating upon the fundus in a manner to force it within the cavity. At a period later than that last named, it has been attributed chiefly to the cause last named, bating, however, a few exceptional cases : and this is, perhaps, the prevalent opinion at the present time, more especially on the continent of Europe ; while in Great Britain and in the United States of America a still different sentiment is beginning to obtain, of which I will take liberty to speak hereafter.

According to the doctrines described above, the inversion is supposed, in all cases, to commence by depression of the fundus, which for a great majority of these cases I am myself induced to regard as just. I have taken liberty, however, in my reply to interrogatory sixth, to suggest, in reference to a few instances of acute inversion, or inversion occurring during or at the close of labor, where the womb is collapsed and in a state of extreme relaxation and flaccidity, that it is a necessity of reason to infer that the neck of the organ must protrude into the vagina first in the process of the change, notwithstanding that no such observation has been made—a circumstance which has seemed to me to be due to

the inevitably sudden and unexpected manner of the change in such a case, and possibly, also, to the fact that no one has appeared to have made inquiry in that direction; but whatever may be regarded as just in reference to the peculiar instances last alluded to, it seems quite certain, nevertheless, that a great majority of all inversions commence at the fundus, and proceed thence forward, as I have described in my reply to sixth interrogatory. In proof of this proposition, we need only advert to the fact that in all our records of positive observations on this point, the fundus of the inverted organ has always—with exception, perhaps, of a single case only, to which I will advert hereafter—been found in advance of all other portions of the inversion. I am aware that the fact last stated would not be conclusive when the inversion had already become complete at the time of its discovery. But there are numerous reports of incomplete inversion, in regard to every one of which, with the exception above alluded to, it is either stated explicitly, or to be fairly inferred from the manner and circumstances stated, that the fundus was in advance of all other portions of the inverted organ.

The facts and considerations which I have previously adduced upon the highest authorities, seem to me to be conclusive that contractions by the umbilical cord play but a very inferior part in the production of this accident. But, on the contrary, that the pressure and impulse of the intestines, etc., is the chief efficient cause of the accidents, seems clearly deducible from the following considerations:

1st. A degree of pressure and impulsive force acting upon the fundus of the organ, and adapted in its nature to produce such an effect, necessarily exists constantly in the upward and downward movements of the intestines in respiration.

In inspiration these organs are somewhat forcibly impelled downward by the contractions of the diaphragm; while in expiration they are as constantly forced upward by the contractions of the anterior and lateral abdominal walls upon them, in both of which movements the pressure and impulse at the bottom of the cavity necessarily rests upon the fundus of the uterus in a manner tending to force it downward; and when the body is in a vertical position, the weight of these moveable organs, materially augmented in some cases by their being loaded with a large amount

of adipose substance, is added to the muscular forces named. And all this is still further intensified by the still more energetic contractions of the abdominal muscles and diaphragm, incident to the various special acts : such as rising up from the horizontal to the vertical posture, lifting heavy bodies, jumping, hopping, coughing, sneezing, vomiting, speaking, especially loud and forcibly speaking, singing, straining at stool or in urination, the bearing efforts connected with some of the stages of parturition, etc., etc.

In many instances the pressure and impulse arising from the causes last named are such as to impel the womb into the vagina ; or even further than this, to thrust it entirely out of the body, so that it becomes pendent betwixt the inferior extremities, constituting different degrees of what is denominated prolapsus or falling of the womb.

Such an effect would indeed be nearly constant, were it not counteracted by the opposing resistance of the perineal muscles and other structures arranged in a manner to constitute a fleshy flooring at the bottom of the pelvis, which is denominated perineum. The counteraction of the perineal muscles will be readily perceived by any one, by placing two or three fingers a little firmly upon that part during the acts of coughing, sneezing, lifting forcibly, etc. It will readily be apprehended that if the womb were in a state adapted to favor indentation of its fundus and inversion, the ligaments and other attaches tending to prevent the descent of the neck and mouth being at the same time firm, instead of prolapsus arising from the special pressure and impulses of the intestines, etc., upon its fundus, the portion last named would be simply forced into the cavity of the organ, and that we should necessarily have inversion in some of its degrees instead.

Such a view in regard to the causation of inversion is corroborated by the consideration that all of the best ascertained exciting causes appear to act, in most instances, in the manner suggested ; namely, by first forcing in the fundus. Such are tractions by the funis ; strong pressure made by the hand upon the fundus in the axis of the organ ; or strong pressure upon the fundus by the hand, simultaneously with forcible tractions by the funis ; and especially the forcible bearing-down effort which is nearly or quite universally observed to be an attendant, and doubtless the chief



exciting or efficient cause in most, if not in all, of the cases of acute inversion. The views above named, in reference to the efficient causes and mode of their action in the production of inversion, seems to be confirmed by the peculiar conditions of the womb, which have in all times been observed to favor the event, being such as are adapted to submit to the action of such exciting or efficient causes as are above named. Thus it is conceded that the vast majority of inversions take place during labor, or immediately afterwards, when the walls of the womb are extended, and often flexible, its cavity being at the same time expanded, so as to be in a condition favorable for allowing its fundus to be depressed into its cavity, and for the consummation of inversion in any of its degrees; or the accident follows an abortion; or it succeeds to the expansion and softening of the womb from an intra-uterine polypus; or to accumulations of the menstrual fluid, or of serum, or of gasses confined within it, and then suddenly discharged after its cavity had thus become expanded, and its walls softened. According to the views which I entertain upon the subject, we have, on the one hand, the physical conditions of the womb above named, obviously favoring and predisposing to such a change, always coinciding with the occasions when it has usually been observed to become established; while, on the other hand, we have the never-failing agencies present, which are as obviously adapted and adequate to produce just the result which is observed — namely, the different degrees of inversion, commencing by indentation, dimpling, of the fundus.

But I have previously mentioned that within the last few years a doctrine has been gaining ground which assumes that inversions are caused exclusively, or, at least, chiefly by irregular contractions of the uterus itself; or, as Dr. West expresses it, “the uterus inverts itself;” to which it seems due that I should give some further attention.

Dr. John V. P. Quackenbush, M.D., of Albany, New York, in a report on inversion made by appointment to the Medical Society of the State of New York, and published in the Transactions of the Society, 1859, in adverting to the various theories which have been proposed for explaining this accident, refers, in p. 160, to the peculiar opinion of Dr. Radford, of Manchester, England, on the subject, in the following terms, namely: “Dr. Radford,

of Manchester, thinks that the circumstances attending this accident warrant him in the deduction, that the fundus and body of the uterus, so far from being in a state of collapse or relaxation, are really in a state of unnatural excitement and activity." It will be recollected that I have written out Dr. Radford's argument on this point in my reply to interrogatory sixth, where it will further appear that Dr. Radford holds inversion to be usually caused solely by excessive action, contraction of the body and fundus, attended by relaxation and non-resistance of the neck and mouth of the organ; and ignoring entirely any coöperative agency of the abdominal muscles and intestines in the causation of the accident. Dr. Quackenbush proceeds: "Thus we see that our French brethren attribute this accident to a condition exactly the reverse of that which our English author maintains must be present;" namely, a flaccid and distensible state of the uterine parietes, inertia of the uterus, as a predisposing condition.

On the last line of p. 165, and on p. 166, Dr. Quackenbush proceeds as follows: "Here, then, we have an atonic and patulous condition of the os and cervix uteri, affording no impediment to the protrusion of the body and fundus, which is drawn down by the *slight muscular contractions*," — he evidently alluding to Dr. Radford's theory. Further on, he continues: "I am led to this conclusion"—namely, that the contractions were *slight*—"by the fact that in numerous cases of this character the placenta remains attached to the uterus, not only after it is inverted, but even where it has protruded through the vulva, which would not be the case if the action had been excessive; for the contractions violent enough to have produced this inverted condition of the organs, would certainly be sufficiently powerful to detach the placenta."

It will, doubtless, be recollected that in my answer to interrogatory sixth I have given several cases of inversion in which the placenta still adhered to the uterus. In one of these, Dr. Landon's case, the foetus, placenta, and inverted uterus were all expelled together,—the placenta retaining fully its natural attachment to the uterus.

It is conclusive to me that in all these cases there was a want of sufficient contraction of the fundus and body to have effected of themselves the expulsion of either the foetus or placenta, and much less to have effected the inversion of the organ; but, on the

contrary, that the expulsion of the placenta and the foetus, as well as the inversion of the uterus, were all due alone to the energetic bearing-down contractions of the abdominal muscles, pressing the floating bowels forcibly upon the fundus; the fundus and body, though contracted sufficiently, perhaps, to give due form to the organ, was not, however, as is usual in natural labor, sufficiently densified to resist depression of its fundus.

Dr. Quackenbush, on p. 166, and top of 167, writes in reference to Dr. Smith's (of London) description of his theory of self-inversion of the uterus as follows, which I take liberty to transcribe—not having Smith's treatise at hand. It is as follows: "There is, first, cup-like depression of the fundus uteri; coinciding with, or immediately following this depression, there is hour-glass contraction of the body or lower portions of the uterus. The annular contraction of the body of the uterus grasps the introcedent fundus as it would a foreign body, and carries it downward for expulsion through the os uteri; the os uteri being at this time either in a state of inertia, or actively dilated, just as at the end of the second stage of labor. After the inverted uterus has passed through the dilated os uteri, this part becomes contracted, preventing re-inversion from taking place." Further on, Dr. Quackenbush continues: "This, then, is the manner in which all authors agree this accident takes place, whatever the cause may be—excessive contraction or complete relaxation. First, a mere dimpling of the fundus uteri, which finally ends in complete inversion." But Dr. Quackenbush objects to this theory of Dr. Smith, and proposes a substitute for it as follows: "Now I would advance the inquiry, how can this depression be caused by contraction? Are not the fibres of the uterus lengthened when this depression occurs, and does contraction cause a lengthening of the fibres?" After some further remarks, which I omit as not to my purpose, Dr. Quackenbush proceeds: "It is well known that there are two layers of fibres in the uterus, one the circular or horizontal, the other the longitudinal layer,—the former encircling as a band the os and cervix uteri, while the latter extends from this band, and passes over the fundus of the uterus. When labor commences and proceeds, both these layers contract; but after a time the circular fibres yield to the more powerful action of the longitudinal, the os uteri opens, and the

vagina and uterus become one continuous and regular canal. The organic contractility continues, and the organ is freed from the foetus which it contained. Another contractility now comes into play. This is the contractility of the tissues, a property by which the womb, after having been emptied, returns gradually to its former state, and thereby has its cavity nearly obliterated. Now, at this stage there may be irregularity of contraction. The circular fibres, constituting a sort of sphincter muscle of the womb, are relaxed, and form no firm attachment for the longitudinal fibres. The longitudinal fibres, which may represent many columns resting on this circular band as a foundation, contract, and having no support, they begin to yield from the bottom, evolution takes place, the neck doubles in upon itself, and passes through the os, the body follows, and finally the fundus, dragged down upon the body, pursues the same course, and we now have a complete inversion,—the fundus being the last portion inverted, instead of the first, as has been generally, or I may say universally, admitted. As I have previously mentioned, speculation presides over this portion of the subject, and when we enter her domain, probability and plausibility must conduct us, when facts fail to be our guide.” I owe it to say, that this is the only written suggestion that inversion may commence at the neck, which has met my eye.

To the remarks and suggestions of Dr. Quackenbush, above named, I beg leave to offer a few running suggestions: Dr. Quackenbush, the same as Dr. Radford and Dr. Smith, ignores all coöperative action of the abdominal muscles, with the consequent pressure and impulses of the intestines upon the fundus in the production of inversion, and attributes the inversion entirely to certain irregular contractions of the uterine walls themselves. He objects, however, to Dr. Radford’s and Dr. Smith’s hypothesis, that the fundus becomes depressed and forced into the cavity of the organ by means of the contractions of the fibres passing over it, as inconceivable and contradictory; and, indeed, he denies, in fact, that the inversion commences by dimpling and depression of the fundus in any case, and substitutes instead the hypothesis that it is the neck that first passes through the mouth, and the fundus the part which passes last, in all cases. I concur with Dr. Quackenbush in the opinion that contraction of the fibres

passing over the fundus, could not, in any possible way, force the fundus into the cavity of the organ. Such a contraction could do no more than bring the fundus down to a plane — if the fundus were depressed even so that it should become convex internally from any cause, the supposed contractions of the fibres passing across it would necessarily tend to force it up again, at least to a plane, and thus to remove the depression. But why not, then, attribute the depression to the action of a force which is probably rarely, if ever, absent in such a case? — a force, moreover, every way adapted and adequate to produce such an effect, and which has until lately been almost universally conceded as the only exciting cause, excepting that of traction by the cord — I mean the pressure and impulses of the floating abdominal viscera. Such an admission, however, would be wholly inconsistent with Dr. Quackenbush's hypothesis, that all inversions commence at the neck. It will be recollected that in a previous stage of this deposition I have deemed myself compelled to admit that in a few rare cases of acute inversion the change must, from the nature of the circumstances, commence at the neck; although the fact has not been observed, for the apparent reason that, from the peculiar nature of the case, the entire process must be so sudden and instantaneous as to elude all distinct observation of the steps of the process, at least, if the thought that the neck may emerge first were not in mind at the time. I have also admitted inversion, after the manner last named, as rationally probable in some instances, in the peculiar conditions of the womb at three or four weeks after parturition; and, further, that I have regarded some inversions occurring in non-pregnant women, as well as some of those who have not borne children for many years previously, as probably, also, commencing at the neck; while, on the contrary, I have still been fully persuaded that the greater part of inversions commence by depression of the fundus, this part being forced onward in the change, in advance of all the other inverted portions; and to all opinions adverse to this view, by whomsoever holden, it seems to me to be a sufficient reply, that there are many reports of cases of inversion observed in the first and second degrees, in every one of which, with a single exception, perhaps, the fundus and no other part has been found the advancing portion of the inversion. It is plain, I think, that such facts must be

received, not as a hypothesis and speculations, but as demonstrations, proof positive, that the great majority, at least, of these accidents commence, as has been almost universally believed, by depression of the fundus.

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### Editorial Translations.

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1. *Reflections on Chlorosis, especially in Children.* Being an extract from a paper read before the Academy of Medicine, by M. Nonat, Physician to Charity Hospital, Paris.

The author proposes to discuss successively, and, if he is able to resolve the following questions : 1st. What is chlorosis ? 2nd. Does it differ from anæmia ? 3rd. What are the chief distinctive characteristics between these two morbid states ? 4th. Is there really two varieties of chlorosis, — one idiopathic, the other symptomatic ? 5th. Is chlorosis exclusively a disease of the female ? 6th. Can chlorosis result from a retention or suppression of the menses ? 7th. Is it true that chlorosis does not manifest itself before the age of puberty ? 8th. Of chlorosis of children ; 9th. The influence of chlorosis on the organic development of the constitution ; 10th. Influence of organic development on chlorosis ; 11th. Is there a specific treatment for chlorosis ?

The larger number of classical treatises in medicine describe rather than define chlorosis. Their definition, copied from that of Fr. Hoffman, is but a summary enumeration of the principal functional alterations, and some of the external signs which are observed in this affection. This fault of precision in the definition of chlorosis is the result of the uncertainty which surrounds its nature and its true nosological character. At present, no one doubts the fact that there is a very sensible diminution of the globules of the blood ; and it is this which constitutes essentially the anatomical expression of the disease. But in what does this lesion consist ? What is its functional cause ? Here we meet with the difficulty, and we see the discord which exists in the camp of the pathologists. According to M. Bouillaud, who is, in my opinion, the nearest the truth, “ chlorosis is due to a native, original, organic predisposition, as real as it is difficult to

define." I adopt the first terms of this definition : I believe, with M. Bouillaud, that chlorosis depends on a native, original predisposition, to use his language ; but I add that this predisposition that the eminent nosographist has failed to define, is connected with a lowering of the blood-making power. Allow me to explain : I call the blood-making power (*force d'hématose*) the result of the forces or functions which concur in the sanguification or the making of the blood. The power of hematoses is correlative with the richness of the blood ; it is valued by the proportion of the globules. The proportion of the sanguine globules ought then to be considered as the expression or the measure of the power of hematoses. The power of hematoses, like the degree of globulization of the blood, varies according to animal species ; and in each species according to the ages, sexes and certain individual conditions. In the human race, the power of hematoses has physiological limits which it ought not to pass, neither more nor less. The power of hematoses is more elevated in man than woman. In the two sexes it increases with age, until the entire development of the organism ; from this time it remains stationary, or, at least, its variations do not seem to receive any longer a more marked influence from age. If this blood-making force is exaggerated, the globules are in excess in the blood, and a morbid state is produced known by the name of *plethora* ; if, on the contrary, the blood-making power is lowered, the proportion of blood globules is also diminished, and there is manifested an opposite pathological state — *chlorosis*. I will then define chlorosis a *disease characterized functionally by a lowering of the blood-making power*, and anatomically by a *diminution in the proportion of the globules of the blood*.

A great many physicians admit that chlorosis and anæmia are two identical conditions ; they argue from the similitude of the symptoms, from the analogy in the progress of the two diseases, from the identity of the causes, and the efficacy of the same means of treatment. They would be right, if all these proofs were perfectly correct ; but they are not supported by a rigorous clinical observation. Between the symptoms of chlorosis and those of anæmia, there is rather an apparent analogy than a real resemblance ; and, to speak only of nervous troubles, they are more frequent, more extended, more profound, and, above all, a

great deal more rebellious in chlorosis than anæmia. Those who see identical affections in chlorosis and anæmia pretend that the blood presents, in the two diseases, the same changes in its constitution (Grisolle, *Pathol. Int.*, t. i., p. 189). This is an error which has its source in the analyses that the chemists have made of the blood, and in which we find constantly the terms *chlorotic* and *anæmic* confounded. With MM. Andral and Gavarret, I believe that in chlorosis there is only a diminution in the proportion of globules, whilst in anæmia the diminution is marked almost always simultaneously on the whole mass of the blood. Thus, then, the greater number of analyses, and particularly those of Fœdisch, in which we find a simultaneous lowering of the globules and the fibrine, do not belong to the chlorotics, but rather to these of the anæmic. We can not, consequently, bring them up as an argument in favor of the identity of the two affections. This difference is much more apparent in the study of the causes of the two diseases. Anæmia is an accident ; it is the result of the losses of blood more or less abundant ; or, rather, it is produced by profound troubles which nutrition undergoes from the influence of a toxic, virulent, infectious, or organic disease. In anæmia the blood-making power remains sound, — it undergoes no alteration ; but in chlorosis this force is lowered. Chlorosis is also inherent in the constitution, and is produced with it at birth ; it is a congenital disease — a sort of idiosyncrasy. It is, if we may so express ourselves, a mode of existence resulting from deficiency in the functions of the organs charged with sanguification. We may produce anæmia artificially ; for this it is sufficient to exhaust an animal by bleeding ; but, as M. Trousseau has said, and that truly, no one can be chlorotic who wishes it. As to the identity of treatment, I can not admit it ; for chlorosis demands the use of iron, while anæmia is cured, on the contrary, by the influence of a good regimen.

All that has been said tends, then, to demonstrate that chlorosis and anæmia are two different morbid states. They may complicate each other, and it is not rare to meet with them in the same subject, at the same time. This complex state constitutes *chloro-anæmie* ; we observe it in individuals primitively chlorotic, who have had large losses of blood, or who are suffering from advanced organic diseases.



From the definition I have given of chlorosis, and the opinion I have emitted on its nature, it follows evidently that chlorosis is an essential disease, idiopathic, and merits a special place in nosology. As to the chloroses called symptomatic, I place them, according to their different kinds, in the class of anæmia—that is to say, among the alterations of the blood, which are caused by the introduction into the blood of some toxic or virulent principle.

Hoffman declared clearly that it is folly to hold that man may be attacked with chlorosis. In a very recent academic discussion (5th June, 1860), M. Trousseau declared formally, that “chlorosis is a disease almost exclusive to women.” I do not think I am mistaken in saying that M. Trousseau is *almost* the only person at present of his opinion. In the same speech, M. Trousseau stated that chlorosis may be the consequence of suppression or retention of the menses. I can not agree with him. Chlorosis, far from being the consequence of an anomaly or of a derangement of the menses, is, on the contrary, very generally the cause. The facts which serve for the basis of the opposite doctrine were badly observed or badly interpreted. They all relate to cases where the chlorosis, remaining latent or mistaken, has only been observed on the occasion of menstrual troubles. In considering chlorosis thus, as I have done, as an impoverishment of blood, always uniquely determined by an insufficient force in the blood-making power, it becomes clear that chlorosis must precede, and that constantly, the derangement of menstruation; and in no way can it be the result of it. Hoffman pretends that chlorosis never shows itself before puberty. This is an opinion which those are forced to sustain who hold that chlorosis is a consequence of the retention or suppression of the menstrual flux. I hold that chlorosis is a disease of all ages; and even, contrary to the opinion generally accredited, it is more common in infancy than at any other period of life. This proposition leads me naturally to the principal object of this paper: the study of chlorosis in children. The remainder of this paper will serve as a demonstration for the chief ideas which have preceded it.

**Chlorosis in Children.**—Chlorosis in children has not as yet been the subject of special and continued investigations; hinted at by Sauvages, denied by the authors of the *Compendium*, pointed out

by M. H. Roger, it has been on my part the subject of persevering study for more than eight years. The observations which I have collected in private practice in the city form a contingent of 68 cases, divided as follows: 1st. Relative to the sex: Boys, 27 cases; girls, 41 cases. Total, 68 cases. 2nd. Relative to the age: (a) Below 1 year, 3 cases; (b) from 1 to 2 years, 17 cases; (c) from 2 to 3 years, 6 cases; (d) from 3 to 4 years, 5 cases; (e) from 4 to 5 years, 4 cases; (f) from 5 to 6, 6 cases; (g) from 6 to 7 years, 4 cases; (h) from 7 to 8 years, 7 cases; (i) from 8 to 10 years, 5 cases; (j) from 10 to 15 years, 11 cases. Total, 68 cases. These figures prove, 1st. That chlorosis is observed in infancy, and that we meet with it in the earliest months of life; 2nd. That it is common in children of both sexes; 3rd. That it is more frequent in girls than boys. It results from these numerical facts that the number of chlorotic children is very considerable.

I regret that I have not the necessary elements for fixing exactly the relative proportion; but I am certain that I would not exaggerate if, in reporting only from my recollections, I should establish approximately that eight-tenths of children are affected with chlorosis. It is essentially hereditary. I have had many times occasion to observe it simultaneously in the mother and child; and very often I have seen it in several or in all the children of the same family. I have been able thus to count as high as six, seven, and even eight chlorotic children in the same offspring.

The bad hygienic conditions of food and habitation have an immense influence on the march and evolutions of chlorotic phenomena, which they always aggravate; but no one could, in my opinion, make them figure in the pathology, properly so called, of chlorosis. It thus results from my observations that chlorosis manifests itself in children *always* by the pathognomonic *bruit de souffle*, *sufficiently often* by the discoloration of the skin, by weakness, inaptitude to exercise, and divers digestive troubles. But the nervous accidents, which we observe so often in young chlorotic girls after the age of puberty, are very rare in children.

Chlorosis exercises a very bad influence on the regular development of the body. Chlorotic subjects have a painful childhood — support even sometimes a languishing existence, being exposed in a

high degree to the action of morbid causes, and are more exposed than others to all derangements of the health. On account of deficient power of reaction, diseases in these children present a remarkable adynamic character, and convalescence is unusually slow. We can understand that these efforts must be very variable in their intensity, and always proportioned to the lowering of the power of hematosis. If chlorosis exercises such a harmful action on the organic development, this, *per contra*, exercises on the chlorotic state an action generally advantageous. Sometimes, indeed, when the child lives in the midst of favorable conditions, in proportion and in measure as this develops itself and grows, its organs acquire more vigor, its functions are performed with more energy and regularity; the power of blood-making, until then incomplete, is revived, and raises itself to the physiological rate. At the same time the blood recovers its vivifying qualities, and acquires the normal proportions of its plastic elements. It is thus that all pass into order, and that chlorosis is cured spontaneously, and by the resources of nature alone.

But if this salutary revolution is not produced at puberty, this establishes itself painfully, and this difficult period of life is crossed by a thousand painful accidents. These accidents are observed particularly in girls, on account of the new function which marks in them the epoch of puberty. With those who are attacked with chlorosis, menstruation is established with difficulty, and sometimes even amid the most violent storms for the general health.

Is there any remedy which is veritably curative of chlorosis? I do not think there is. In my opinion, iron itself is impotent to cure chlorosis — that is to say, to remedy with entire efficacy the insufficiency of the blood-making power, to correct the vicious organic disposition on which the lowering of this power depends. This defective state of the economy can not be modified but by the successive and regular development of the organism; it is, then, as we have already said above, spontaneously and by the resources alone of nature, that chlorosis is the oftenest cured.

But if until the present we have exaggerated the efficacy of the martial preparations for chlorosis, it is that we have lost sight of the patients too soon, and that we have taken slight improvements for complete cures; it is, indeed, that chlorosis has been

sufficiently observed until the present time. 8th. Chlorosis exercises a prejudicial influence on the development of the organism. It plays a great role in the production of diseases, and contributes to lessen their progress, and to prolong the convalescence. 9th. Iron is not a specific for chlorosis, as mercury is for syphilis, and quinine for intermittent fevers. Chlorosis is cured spontaneously with age, in consequence of the regular development of the organism. Nevertheless, it is necessary to give the ferruginous preparations, which constitutes at present the most efficacious auxiliary medication.

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2. *Symphysotomy*.—M. Foucault, of Nanterre, and Daireaux, read a paper before the Academy on the following case: "The woman was 24 years of age, rachitic, primipara, and at full term. Labor commenced regularly; very soon a presentation of an inferior extremity, as also a marked narrowness of the pelvis, was recognized. After some ineffectual attempts at extraction, and the application of the forceps, the head being stubbornly retained at the superior strait, MM. Foucault and Daireaux were placed in the alternative of choosing between— 1st. The decollation of the child; 2nd. Cephalotripsy; 3rd. Symphysotomy. Decollation is an operation, although permitted, counselled, and indicated by art, appears barbarous, and always repugnant; in this case it was rejected by us, because it did not offer the means of giving relief to our patient; and that after it we should have been forced to resort to the cephalotribe, a dangerous instrument, or to the Cæsarian operation, to withdraw the crushed head, or running into the uterine cavity." For these reasons, MM. Foucault and Daireaux decided to practice symphysotomy; and by a separation of the pubis to four centimetres, they succeeded in delivering the child, dead for about an hour. Although the bladder was pinched by the drawing together of the pubes, the cure was quite rapid; and two months after the operation the patient was able to pursue her business—that of washing. The paper was referred to a committee composed of Laugier, Cazeaux, and Danquau.

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3. *Spontaneous Binocular Mydriasis*.—M. Gosselin read a short paper on this disease, and gave the details of two cases  
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which he had recently observed — one in the hospital and one in his private practice. He thinks that he can prove that double spontaneous mydriasis may present itself in two forms : one prolonged, the other temporary. “The first, which we may call primitive, is quite rare ; it is marked by an enormous dilatation of the pupils, and seems to behave like a unilateral mydriasis — that is to say, to be cured incompletely, and to leave as a consequence farsightedness, which diminishes, but never entirely effaces the efforts of accommodation of the ciliary muscle and external muscles of the eye. The second, which is sometimes consecutive to grave inflammations of the throat, and perhaps to certain febrile diseases, is characterized by a moderate dilatation of the pupils, and appears susceptible of a cure without any traces being left. Its degree of frequency can not be established in the present state of science, for the reason that it has been probably confounded with other diseases of the eye. Both are easily mistaken for an incomplete amaurosis, when we simply consider the disturbed vision insisted on by the patients, and especially the impossibility of reading or seeing near. But they are distinguished essentially by the facility which the patients preserve of seeing distinctly objects at a great distance, which is not the case in amaurosis ; by the possibility of seeing near objects through a hole in a card, which is not the case in amaurosis ; and, finally, by the return of the contraction under the influence of electricity. Treatment by electricity, sulphate of strychnine, is specially indicated.”—*Gaz. Hebdomadaire*.

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4. *The employment of Chloride of Zinc in the treatment of diseases of the Skin.* By Dr. Veiel (of Constadt).—After having employed chloride of zinc for a long time as a caustic, for lupus and some analogous cutaneous affections, lepra vulgaris, elephantiasis, small schirrous tumors, M. Veiel has extended its use to the treatment of chronic ulcers of the legs, sycosis, chronic eczema, etc. He uses either an alcoholic solution (equal parts), or an aqueous solution (ten parts chloride zinc, ten hydrochloric acid, five hundred of water), or solid cylinders made by fusion. In this last form he proposes, with the majority of surgeons, to obtain a very energetic caustic effect. He has used this treatment in thirteen cases of lupus, with the most satisfactory results.

The disease in one case occupied the *ala* of the nose ; six cases the upper lip, in four the cheek, and in two the ear. M. Veiel applies it in the following way : When the skin is destroyed and replaced by crusts more or less thick, they are to be loosened and removed by soft poultices ; in cases where the epidermis is sound, the zinc is not to be applied until the cuticle is removed by a blister. A pencil of chloride of zinc, sharpened to a point, is pushed deeply into the hypertrophied tissues, or those covered with tubercles, so as to carry the caustic to all the affected points ; this is to be continued within a radius of two or three lines. All round the lesion, immediately after this operation, the surface, riddled with holes, very analogous to honey-comb, pours out a sanguinolent liquid, blackish, and then a serosity of a color not so dark, which concretes at the end of some hours in a smooth and fine crust. Towards the third or fourth day the crust is elevated, and may be detached by the continued use of poultices for several days. It is not often necessary to apply the caustic more than three times ; nevertheless, in those cases where the morbid tissue is very thick, we must apply it oftener. When the suppurating surface which succeeds the falling off of the crusts does not present any unhealthy vegetations, and is on a level with the healthy parts, it is to be covered with poultices for several days, and then touched lightly with the alcoholic solution of the chloride of zinc every three or four days. When the edges begin to contract, we substitute the aqueous solution for the alcoholic, and continue this solution until a complete cure. The time required for this result is seldom more than three or four months.

M. Veiel uses with advantage the alcoholic solution of chloride of zinc to cure inveterate chronic eczema of the eye-lids, lips, genital organs, and the parts about the anus. The aqueous solution sometimes cures cases of *eczema solare*, or *impetiginodes*, which have resisted all ordinary means. The alcoholic solution removes readily the indurations which remain sometimes as a sequence of psoriasis at the elbow, on the back, and thighs ; before applying it in these cases, we must remove the scales which cover the indurated points. There is a form of *psoriasis palmaris*, accompanied by warty, painful indurations, which only yield to the solid chloride of zinc, which we apply after having removed the epidermis by a blister. The aqueous solution is

very useful in cases of sycosis and favus. Finally, M. Veiel has found it very useful in certain forms of acne and warty excrescences of a suspicious nature, affecting the nose, cheek, or lips.—*Zeitschrift der Gesellschaft der Aerzte zu Wien*, 20 Feb., 1860, *et Gaz. Heb.*

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### Proceedings of Societies.

*Proceedings of the Montgomery County Medical Society.* Reported by J. C. REEVE, M.D., Secretary.

The Society met in the city of Dayton, on Thursday, October 5th, and was called to order by the President, Dr. McDermont.

Dr. J. F. Donellan, of Germantown, was proposed for membership.

After the transaction of some other business, the Society listened to a paper upon Heart Diseases, by Dr. W. H. Lamme, of Centreville. The Doctor said, at the outset, that he did not think of going over but a small portion of a ground so ample as the subject he had chosen; he merely intended to present some remarks upon practical points of frequent occurrence, and of great interest in practice. He stated his belief that disease of the heart was very much more common than was generally supposed—the effects of deranged function of the great central organ of the circulation being often treated under other names, and as if independent diseases; this naturally led to a consideration of the obscurity attending acute diseases, which he held to be far from great, if due attention were paid by the practitioner to the physical signs furnished by the diseased organ. Upon the value of these signs, both affirmatively and negatively, their importance and reliability, he dwelt at some length. The mortality attending diseases of this organ, and the pathology of many of its diseased conditions, as causing and necessitating the fatal result, also received attention. The best part of the paper, however, was the report of cases which it contained—cases which had occurred in the Doctor's practice, and which were detailed to illustrate the remarks he made, and sustain the positions he assumed.

After several members had spoken upon Dr. Lamme's paper, Dr. Reeve, in the absence of a member who had been more actively

engaged in the case, related the post-mortem appearances presented in the body of a woman upon whom an inquest had been held the day before, and the facts elicited upon a trial for manslaughter, held just before the meeting.

Deceased was about 30 years of age, married, the mother of a child ten months old. She had suffered during a few weeks from chills and fever, and had been under the treatment of a quack; on the preceding Friday, had suffered what was probably an attack of cramp in the stomach, which yielded to household remedies; she did her work on Saturday, but on Sunday was again attacked similarly, and by 3 or 4 o'clock in the afternoon was so ill as to send for a physician. Her husband went to the office of a medical man (not a member of this Society), and not finding him in the office, accepted the offer of a student who had been reading about a year and a half, but had never attended lectures, to visit his wife. The young man examined the case, and mixed in a tablespoon a brownish-looking powder, as the husband testifies, which nearly or quite filled it. This the doctor administered himself, and left two other small ones, one of which was to be given in half an hour, if she still had pain, and a third, a larger one, which he said was physic, to be given in an hour afterwards, and two more small powders to be given if the physic operated too much! The second powder was given by the husband in three-quarters of an hour, and the dose of cathartic powder at the end of an hour. She rapidly fell into a deep sleep; at 9 o'clock could only be wakened with difficulty; by 1 o'clock A. M. was senseless, and could not be roused; in a profuse perspiration; her face blue, her breathing difficult, loud, and very slow. At 4 A. M. she was visited by an Eclectic physician, who testifies that he found her as above described, except that her face was pale. He examined the eye and *found the pupil dilated*; he concluded she was dying from the effects of opium, and attempted to administer an emetic, but failed. Death took place about 7 o'clock on Monday morning.

The abdomen and chest were alone opened; the viscera were all healthy, with the exception of the spleen, which was enlarged to about twice its usual size; the uterus unimpregnated; the lungs not much congested; no engorgement of the right side of the heart, the organ containing but a moderate quantity of fluid



blood, and a white, fibrinous clot. The stomach was not opened, being removed with a view to clinical analysis of its contents.

At the trial, the remaining small powder, similar to the one the husband administered at the end of three-quarters of an hour, was presented; it appeared to consist of about a grain of powdered opium.

Dr. R. dwelt upon the points of interest in the case; the exceptional condition of the pupils, if the case was one of poisoning by opium, the relative frequency with which this exceptional condition is found; the weight which should be given to the condition of the thoracic viscera, as indicating death from narcotic poisoning, with some remarks upon the probability of the fatal result having been caused by congestive chills, as urged by the defence.

The prisoner was discharged.

Dr. McDermont mentioned a recent case of congenital tumor, which he removed four hours after the birth of the child. The tumor was two and a half inches in diameter, well defined, and movable. It was situated near the spine, over the lower ribs on the left side. The skin adhered firmly to the tumor, and, being marked with deep red and pimply spots, gave it the appearance of a *fungus hæmatodes* on the eve of ulceration. It was encased in a very delicate membrane, and separated readily from the subjacent tissue. The loss of blood was about four ounces. The child bore the operation well, without manifesting any unfavorable symptoms.

Some months prior to delivery, the mother was severely injured by a fall from her carriage. It was also stated that she had seen a child with *spina bifida*, and retained an unpleasant impression of the swelling. What connection, if any, this "impression," or the injury alluded to, had with the development on her child's back, was a question for the physiologist to determine.

The favorable result in this case, and in some early operation for hare-lip, inclined the Doctor to believe that the danger from loss of blood in new-born children is overrated by many surgeons.

### Correspondence.

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*Richardson, and his Criticism of Cases in Auscultation.* By J. H. TATE, M.D.

In the September number of the *Medical News*, I published some cases intended solely to illustrate the value of obstetrical auscultation. Their history was given as briefly as possible, and in a style which I supposed could give no offence to any human being.

Imagine, then, my surprise when I learned that this essay had been made the occasion of a scurrilous and virulent criticism, which appeared in the October number of the *Lancet and Observer*. My surprise, however, soon passed away, when I took up the article itself, and found that it had been written by a *late* Professor in a medical school ; and that he could not pass beyond his second sentence without the green monster raising his head and showing but too plainly the animus of the thing. In fact, it was clear that the height and breadth of my offending was not that I had written on auscultation, but that I had taken a chair in a medical college.

Now, it may serve to extenuate the virulence of this attack, and to soften the vulgar epithets with which it abounds, if we were to imagine that possibly its *author had recently experienced some sudden fall — some withering of cherished hopes*, and that all unconscious to himself the movings of *his troubled spirit* had communicated to his essay something of its own gall and bitterness.

But let us pass on to the cases and the criticisms. The first one is that of the damsel, who was brought by her mother to my office, for me to ascertain what was the nature of her sickness. Her breasts were swollen, her abdomen enlarged, and the narrative of the symptoms as given by her mother led my mind at once to the suspicion of pregnancy. Now, what course would any man of sense have pursued in this state of things, but resort to those means which science has placed in our hands, to ascertain the conditions of the womb ? This is exactly what was done ; and only those means were employed which are least calculated to wound the refined sensibilities of females ; and, observe, this

was accomplished without informing her that my purpose was to ascertain whether she was enciente. To this course our critic objects; and says "it was contrary to even common decency." But he does not tell us in what the indecency consists. Was it in employing the stethoscope? Then we are to understand that the critic would have resorted to the touch and ballottement as a proof of his refinement; or he must have made no examination at all, and understood nothing about the real nature of the case. Was it in not revealing beforehand my purpose? Then the critic would have said in beginning: Miss, I suspect you to be pregnant, and desire to make an examination, to see whether or no you are really in that state — thus running the risk of outraging the noblest sentiment in the breast of a woman, who, for aught he could know, might be as pure as an angel in heaven.

The fling at the corruption of morals, consequent upon a visit to Paris, may pass for what it is worth; a visit to that delightful capital is always associated in minds of a *certain cast* with balls, grisettes and corruption.

The principal amount, however, of the critic's ammunition is spent upon the case of ruptured uterus; which he introduces by challenging the literature of obstetrics to produce its equal. In his comments upon this case he expresses great surprise that the rupture, if existing, should not have been detected at the first visit. Here is the report which was given of that visit: "Was called at four in the afternoon to see Mrs. P., on East Front-street. Found her lying on the bed, and, as she supposed, in labor with her fourth child. She was apparently a healthy woman, of thirty-five years. I was told that she had been in labor since breakfast, but the pains seemed very slight indeed. I made a hasty examination, and not perceiving any likelihood of a speedy termination to the case, I returned to my office." As there is nothing said about hæmorrhage, collapse, or vomiting, a fair-minded critic would have inferred that there were none; and as it is said immediately afterwards that no verbal statement was given as to anything unusual having occurred, what was there then to lead any person to suppose that a rupture of the uterus existed? Perhaps under such circumstances our critic would have suspected and detected the rupture, but I am sure that no ordinary physician would.

The symptoms, says Tyler Smith, which denote "the actual occurrence of a rupture of the uterus are generally very marked ; though cases sometimes occur in which the evidences of the accident are so uncertain that it can not be positively known until death. In some cases there is no immediate pain of a violent character, but the dangerous symptoms come on some hours, or even some days, after the accident." In this case the rupture evidently occurred when I was not present.

Rupture of the womb is regarded by all authorities as an accident of the most formidable nature ; and one which almost always terminates fatally. The statistics published by Churchill but too painfully confirm this statement. It was, doubtless, this want of success under any method of treatment which induced Hunter, Burns and Denman to declare that all such cases should be left to nature. More recent authorities are generally of opinion that rupture of the pregnant uterus should be treated either by delivery through the natural passages, or by the operation of gastrotomy. The time when to operate, and the preference for one or the other of these modes of procedure, is left to be determined by circumstances ; and in some rare conditions of things, some of our best writers are even now in favor of leaving the case to nature. The kind of operation to employ is to be determined by the state of the maternal passages, and the position of the child with reference to the uterine cavity. Where the pelvis is too small, where the soft parts are rigid and undilated, and where the presenting part of the child can not be felt, delivery through the pelvis is not to be attempted. The same is true where the child has escaped into the abdominal cavity.

Our critic intimates that in this case he would at once have performed some kind of an operation, but he does not say definitely what he would have done. We are left, however, to infer that he would have turned and delivered the child.

Says Meigs : "If some hours have elapsed subsequent to the occurrence of the accident ; if the woman be already much exhausted by hæmorrhage, by constitutional shock and irritation, the question will arise as to the properest manner of fulfilling the indication, which must always be to extract the child. The hæmorrhage will now have been stayed ; if it were not so the woman would be already dead. *To pass the hand through the rent, should*

*it be in the vagina, would be to set the hæmorrhage on foot again. It will be impossible afterwards to pass the hand through the rent in the uterus, because the uterus, being now contracted, will have reduced the size of the rent in proportion to the condensation of the organ ; the child having passed through while the uterus was yet undiminished in size, can never be returned through a contracted rent."* He then goes on to say that in such cases he would be in favor of gastrotomy. On the next page he supports this opinion by some of his experience. He observes : "I express this opinion here upon the most vivid recollection of the distress which I occasioned an unfortunate woman who, in consequence of a laceration affecting the posterior wall of the vagina and vaginal cervix, drove her child into the cavity of the belly. As the head could be touched, and as the child was dead, nearly twenty hours having elapsed since its escape from the uterus, I made use of the perforator ; and then seizing the head through the opening with my embryotomy forceps, I used all the force which it was possible for me to employ, in drawing it away through the natural passages. The unfortunate woman, who bore the rude operation with the greatest constancy and courage, lingered many hours after its close. The events of this case, which, peradventure, might have had a happier conclusion by means of the gastrotomy operation, have impressed me more than a thousand arguments could do, with the deep conviction of the cruelty of such a mode of delivery ; and I repeat, in the most emphatic terms, my decided preference for a delivery by gastrotomy." In this opinion we most fully concur ; and it may be well just here to remember that in the case reported by us, delivery was effected by turning, long before the woman gave any signs of sinking (and I make no doubt was well and kindly performed), and yet the case proved disastrous.

In the quotation above given, we have the highest obstetrical authority in America coming out strongly in favor of gastrotomy, and that, too, in cases where the head can be touched.

Says Cazeau, "When such a manœuvre (delivery by the natural passages) is impossible, the only resource is in the Cæsarian operation ; unless, being fearful of the disastrous consequences of this operation, the accoucheur should conclude to abandon the fœtus in the peritoneal cavity, and allow the mother to run all

the dangers to which this determination must necessarily expose her. *If the child's death were positively ascertained, the arrest of the hæmorrhage might perhaps authorize this procedure, more especially if he should not see the patient until several hours after the accident.*" Here a case is described exactly such as we encountered, — the child dead, and in the abdominal cavity, and the hæmorrhage arrested; and in such case, says Cazeau, it would have been a legitimate procedure to have left the case to nature. In my case, however, I only proposed to wait for the concurring opinion of another physician, both as to the diagnosis and the proper method of acting, before proceeding to the operation of gastrotomy. Not obtaining this counsel in the night, although two physicians were sent for, I left the case until morning. Was this delay consistent with the welfare of my patient, and the best interests of our profession? I maintain the affirmative of both these propositions.

In the presence of such a formidable operation as gastrotomy, I am persuaded that it is a physician's bounden duty to his profession to require the presence of some other medical men, unless the state of his patient requires imperatively an immediate operation. The most eminent men in our profession have made mistakes; and the sequel of this paper will show that the age of perfect diagnosis has not yet arrived. Nelaton committed an egregious blunder in diagnosis, when taken to the hospital in the concours of 1850, at Paris. Liston, it is well known, made even a more fatal error in a celebrated case; and, says Tyler Smith, "we should be very sure of our diagnosis before venturing on so grave a step, particularly as not long since gastrotomy was performed in this metropolis (London), in a case where on opening the abdomen no rupture of the uterus was found." Now in this case I was fully persuaded as to the true state of things, and its subsequent history proved the correctness of my diagnosis; but it was very desirable, in order to assure the patient and her friends, that a consultation should have been obtained; for in such an apparently satisfactory condition of his wife, I do not believe that a husband could be found who would allow any single physician to perform the Cæsarian operation.

In this case, as I have stated, the child was undoubtedly dead; therefore, the circumstances which could demand an immediate

operation must be drawn from the conditions of the mother ; and these must be either approaching collapse, exhausting hæmorrhage or inflammation. That neither of the first two were present was shown by the force of the pulse, the warmth of the surface, and the respiration of the patient ; and, having been with her for four hours, I supposed myself quite able to determine whether she would be likely to sink between 12 o'clock at night and 4 in the morning ; and it afterwards appeared that at this hour she was by no means exhausted, though in the mean time she had undergone quite a formidable operation.

There remains to be considered but one other reason in support of an immediate operation, viz., the fear of early inflammation. What likelihood was there of this taking place in the case under consideration ? When a foreign body obtains an entrance into the system, the setting up of inflammation is greatly retarded by four circumstances, viz. : by a severe shock to the nervous system, the occurrence of hæmorrhage, by the small distension of the surrounding tissues, and by the exclusion of the external atmosphere. We have but to allude to cases of thrombus, of simple fractures, of collections of mensual blood in the matrix, of penetrating wounds where balls have entered, to show the force of these circumstances. I remember well a case where I once attended upon a man who had been shot near the right nipple, by a pistol. The ball entered the chest and wounded the lung, so that it was said by his friends that he spit up hatfulls of blood. The wound closed immediately, so as to exclude the external air, but the bullet remained in the chest ; and there was effusion of blood into the cavity,—yet the pulse remained below the normal standard, the skin remained cool, and the patient had no fever until the thirteenth day after the accident. In the case under consideration, the adjacent parts had previously been distended, and we have the shock, the hæmorrhage, and the exclusion of the atmosphere, all conspiring to keep down an inflammation.

The case which occurred in Cumminsville, in this county, some two years ago, will likewise serve to show that when the vital forces are not much impaired, no ill effects will follow from some hours of delay. In this woman the rupture occurred on one evening, and my friend Dr. Fries was not called in to operate until the next morning ; and yet it is one of the few cases where the patient

recovered. Indeed, there is an important advantage, when other circumstances will admit it, which would be likely to arise in these cases from some hours' delay, viz. : it gives time for a complete contraction of the vessels which have been torn by the rupture ; so that when the operation of gastrotomy would be performed, and the old clots removed, there would be no more pouring out of blood into the peritoneal cavity.

We have thus expressed our views and conduct in the management of this case of ruptured uterus ; and may we not justly express our surprise that any one should have made our report of it the occasion of rushing into print, and of applying to its author terms of invective and condemnation which are only to be heard in the pot-house and the fish-market ? When we remember that in like cases Hunter and Denman would have done nothing, and the judicious Ramsbotham would have hesitated, would have left much to the judgment of the practitioner, and, finally, would only have consented to operate if the woman herself were anxious to have an operation, may we not " challenge the annals of obstetrical science " to produce a criticism where the same amount of arrogance, stupidity, and vulgarity are so equally commingled ?

Criticism, when made in a fair and candid spirit, exerts a most wholesome influence, both in literature and medicine ; but when the critic, instead of kindly hinting at errors, and suggesting improvements, sinks himself to the level of a mere scavenger, and by his arrangement of sentences and perversion of facts seeks to place a writer in a false position, and to attribute to him sentiments which his language does not justify, we know of no person in society more useless or contemptible. As a specimen of this last sort of criticism, we may refer to the notice taken of the last of the cases which we reported. In regard to this, it appears that " neither time nor space " could be taken for review ; yet the facts are so thrown together as to make it appear that the life of one of the twins was lost by my negligence, when the narrative indicates as plainly as anything could do that it was effected by circumstances entirely beyond my control.

In this precious criticism there is a vein of pretension, an affectation of learning, which is really refreshing ; it appears in every line, and communicates itself even to the brackets which it con-



"that he should not have suggested some intermediate *midwifery* operation, for the relief of the child, whilst its breach was still within the perineal outlet."

His object, he tells us, in writing his paper on pelvic deliveries, "*is to prove that at least a portion of the astonishing fatality is fairly attributable to the management which almost universally characterized the supervision of these cases by educated physicians since the days of Hunter!*" After this astonishing announcement, we are prepared to learn that *he* has an important improvement to suggest in their management. In due time we are introduced to what may properly be called delivery by the pushing operation. It consists in having an assistant (we may suppose an old woman) to force down the child by pushing with both hands placed over the uterine globe. Truly, this is a *midwifery* operation. We suggest, as a further improvement, that possibly a jackscrew might be planted between the fundus and the upper bedpost, and perhaps the old woman might be dispensed with.

Our critic regrets very much that Meigs and others have furnished us with no statistics of the success of their practice; and yet, strange though it be, he gives us not a case to illustrate even the splendors of this new operation. We have been told, too, by a friend, that there is some doubt as to the originality of this discovery; for it is said that there was a root-doctor out in Indiana who once encountered some such difficulty in delivering the fœtus, and that he undertook to use his head and butt it out.

We have seen in his criticism how ready he would have been to operate immediately upon the unfortunate patient to whom we were called; and yet not an operation of his own has he anywhere recorded, though it appears that "*he carries a pair of forceps with him to every common case of labor.*"

But still the deeds of great men, like some other things, are difficult to cover up; and when modesty or certain other circumstances may serve to hide them from the view, even so light a thing as a PHANTOM will sometimes spread her wing and carry them through all the region round about. It is said that some years ago a remarkable case occurred in one of our city hospitals, where at the time our modest critic was neither the resident nor attending physician, yet some how or other he found his way in

there, with instruments in hand, ready to operate ; and in a case where others hesitated and differed widely from him, he felt sure, " was willing to bet ten years of practice upon it, to risk his reputation upon it ; " *and at once to dispel all doubts and enlighten their minds, he proceeded to thrust a piercing instrument into the womb of a pregnant woman !!!*

What a charming picture it would make to adorn the apartments of Madame Restelle, if she could get the photograph of our late Professor as he appeared at the hospital the next morning after this grand achievement. It should be taken just at the moment when the house-physician enters with the casket containing the fœtus and its membranes, and says, " Here, Doctor, here is your encephaloid tumor." We wonder if there was any " sensation at the stomach quite uncomfortable," just then !

There is one other attitude in which the critic of our essay presents himself in his writings, to which we wish to call especial attention ; and with this we will take leave for the present of the late Prof. Richardson. In his paper on pelvic deliveries he says that the statements of the illustrious Hunter, in regard to the success of his practice, " are to be taken with some grains of allowance ; " or, in plain language, that he was not to be believed. Now, this is said simply because his success was not calculated to give much encouragement to the pushing operation, to which we have already referred. Here he presents himself in the character of the hyena, preying upon the remains of the mighty dead, in order to gratify his insatiate vanity. And this is the man who talks about protecting the interests of a time-honored profession !

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LIBERTY, IND., September 17, 1860.

Messrs. Editors : — It was my intention, during a recent visit to New York, to recount to your numerous readers what I saw of professional interest, during a short stay there ; but as time failed me then, I shall now pen a few items from memory. There are very many things to be seen and heard there which would interest the country practitioner, but which are lost to us because no one takes the trouble to write out what is of frequent occurrence and an old thing there.

In New York and its suburbs the public charities are so remote from each other, and open so nearly at the same hour, that it is impossible to visit regularly more than one or two of them a day. The institutions I selected as being the most interesting, and convenient to my lodgings, were the Brooklyn City Hospital, New York City Hospital, Dr. Detmold's Clinique, and the Eye and Ear Infirmary.

The first visit I always make in New York is to my distinguished preceptor and friend, Dr. W. Detmold. While in the city I attended two of his clinics, which are now held in the College of Physicians and Surgeons. Although it was the summer season, and but few students in the city, his clinics were, as they always are, exceedingly interesting and practical. He does not, as some surgeons do, frighten students by telling them how dangerous this operation is, what consummate tact and skill that requires, and what a minute knowledge of anatomy is necessary for the other; but he shows students how to perform an operation, and assures them that if they have common sense and good judgment, combined with a respectable knowledge of anatomy, they may perform it also. He endeavors to make his students (or those who visit his clinics, for he no longer takes students,) practical physicians and surgeons.

Among the interesting cases I saw at his clinics were the removal of a hydroma from the nose; necrosis of the lower jaw, one-half of which he had removed; stricture of the œsophagus; fistula lachrymalis, in which he was using plain lead wire (I would remark, *en passant*, that at the Eye Infirmary some of the surgeons, in this disease, lay open the sac freely, cauterize and destroy it, while Dr. Dubois, the oldest member of the staff, advises constitutional and tonic treatment, and that no operation be performed, as he has never seen any beneficial results from surgical interference); pterygium; hypertrophy of the tongue, in an infant, a portion of which he removed with the *écraseur*, a capital instrument for the removal of parts largely supplied with blood, but which I imagine could not be used, were it not for anæsthetics to prevent the patient feeling the slow and horrible squeezing process,—the child was fourteen months old, but had not yet cut any teeth; varicocele, for which he recommended a suspensory bandage and cold water dressings, having no faith in

operations curing the disease; club-foot; ankylosis of knee-joint following white swelling, etc. Upon this case he made a few remarks, as he had introduced the operation for remedying this deformity into this country some twenty years since. He performs myotomy upon the flexor muscles, and then, with suitable apparatus, gradually breaks up the adhesions about the joint; but, in all cases, he warns against operating while there is any tenderness about the inner condyle — every vestige of inflammation must be removed. He related a case in which he refused to operate on account of some remaining tenderness; the patient went to the late Prof. Mütter, who was following in Dr. D.'s footsteps, and had the operation performed, but it resulted most disastrously to the patient.

Dr. Detmold showed us a case of epilepsy which he was treating according to the plan of Van der Kolk, who locates the disease in the medulla oblongata, and imagines it to be a determination of blood to this point; to remedy which he recommends a seton in the nucha, as a counter-irritant, and digitalis to control the circulation. As the digitalis seemed to have no effect in this case, he prescribed veratrum viride; and in the succeeding eight weeks the patient had but one fit, whereas he had them daily, before. I learned afterwards that this treatment did not continue so successful, as the boy had several paroxysms before I left, but they were not nearly so severe.

The New York City Hospital I visited on Dr. Watson's days only. I saw several operations there: one was an amputation of the leg for necrosis of the os calcis, with large phagedenic ulcers extending from the ankle joint, on both sides, some considerable distance up the leg, laying bare the tibia and fibula. The trouble was caused by a fracture of the os calcis, which was made apparent on examination after the operation. An attempt was made to reduce a dislocation of the hip joint, of six months' standing, in a boy aged about sixteen or seventeen, but without success. The case had been treated in New Orleans as a fracture. Drs. Watson and Buck diagnosed it as a dislocation on the lower edge of the acetabulum. In this hospital they use ether almost exclusively as an anæsthetic.

At the Eye and Ear Infirmary I saw a large number of patients. Twelve and thirteen years ago, when I attended this institution, they had but two oculists: now they have seven.

Their treatment here seems to have undergone quite a change—cupping, leeching, etc., are done away with; while years ago I used to see whole regiments sitting around the room with a cup on each temple; now you see none. Tinct. iodine seems to be a hobby: nearly every patient comes away from his seat with the articular region painted with it. In granulated lids, many of which resist nearly everything, they drop into the eye one or two drops, once or twice a day, of the following mixture:

R Acid. tannic, 3j.  
Glycerine, 3j.

They still use arg. nit. in solution, and cupri sulph. I should have said that the tinct. iodine is used chiefly in photophobia and pain in the eye; it is applied once or twice a week. The quantity of medicine used is less. Many cases that formerly would have been medicated considerably, now have their brows painted with iodine, and are sent away. They seem to be following in the wake of the poet-laureate of the profession, O. W. Holmes.

At the Brooklyn City Hospital I saw an operation, by my friend Prof. Enos, of the Long Island School, for varicocele, performed with the *écraseur*. He also showed me a case of the same affection he had operated upon some days previously, in the same manner, and which was doing very well. Through the courtesy of Dr. E., I witnessed two post-mortems in the dead-house; both had fractures of the skull, although one had additional fractures of the femur, and metacarpal bones of one hand. The point of fracture in the femur, at my solicitation, was exposed to show the usual riding past each other of the ends of the bone. The fracture was transverse.

In the office of Dr. Enos I saw some interesting specimens in microscopy, which were under examination by his partner, Dr. Conkling. I compared some atheromatous deposits, taken from a diseased aorta, with the cuts given in Bennett's Clinical Lectures, and was forcibly struck with his accuracy; it seemed as though the specimen before me might have been the very one from which the drawing had been made, so closely did the position and appearance of the cholesterine and fat globules correspond. Dr. C. showed me other interesting specimens; but I shall not tax you and your readers any longer.

L. D. SHEETS.

### **Reviews and Notices.**

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A TREATISE ON FEVER: its Cause, Phenomena, and Treatment; with an appendix containing views on some Female Diseases, some Diseases of Children, etc. By REZIN THOMPSON, M.D., Nashville, Tenn.

This little volume has been on our table for some time, and we have endeavored to read it with care, and give it a fair and unprejudiced appreciation; but we confess at once and frankly that we have not been able to form a very flattering opinion of Dr. Thompson's book; our will, however, has been good, and we hope to receive forgiveness.

The author professes to give the results of many years of thought and observation in this volume, and to present some original views of the nature and treatment of fever; but we have not been able to ascertain with any clearness what these consist in, except the formula for syrups, etc., which are appended to the volume, and which the author advertises that he keeps on sale, together with his "medicated pessaries, bougies, catheters, and slippery-elm cloth," at the prices affixed.

A large portion of Dr. Thompson's book is taken up with a review of established physiological explanations of capillary and general circulation, together with the various theories of fever as held by Broussais, Thompson, Cook and others; but as these are quite as well detailed in the standard works of every medical library, we scarcely perceive their necessity in this connection.

Besides the appendix already alluded to containing Dr. Thompson's favorite formula in the treatment of fever, there is also added some fifteen or twenty pages of puffs of the Doctor's book and his views, from journals and medical friends. Altogether, we are constrained to express our opinion that the Doctor has mistaken his calling, and that his book is scarcely worthy a place in the library; though if any reader wishes to test the matter for himself, he can procure the book by addressing the author at Nashville.

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TRANSACTIONS OF THE STATE MEDICAL SOCIETY OF INDIANA: Eleventh Annual Session, held in the city of Indianapolis, May 17 and 18, 1860.

We took occasion at the time of its delivery to speak in high

terms of the very excellent address of Dr. Hutchinson, the retiring President of the Indiana State Society, and we are pleased to have this opportunity of reading it more at our leisure. We also find the very interesting paper of Dr. Witherell, of Lafayette, on Artificial Lactation; a valuable paper on Medical Inhalation, by Dr. Fry, of Crawfordsville; on the Progress of Medicine, by Dr. Brower, of Lawrenceburgh; on Diphtheria, by Dr. Haughton, of Richmond; Dr. Fishback's Report on Medical Education; and a synopsis of the practice observed by the members of the New Castle Medical Society, reported by Dr. John Rea, the Secretary. The Indiana State Medical Society is a working society. Dr. B. S. Woodworth, of Fort Wayne, is President elect for the next year.

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ON THE THEORY AND PRACTICE OF MIDWIFERY. By FLEETWOOD CHURCHILL, M.D., M.R.I.A., Fellow of and Professor of Midwifery and Diseases of Women and Children in the King and Queen's College of Physicians, in Ireland, etc., etc.; with additions by D. FRANCIS CONDIE, M.D. With one hundred and ninety-four illustrations. A new American from the fourth corrected and enlarged English edition. Philadelphia: Blanchard & Lea. 1860.

Scarce any obstetric author is so familiar to the American medical reader as the name of Dr. Fleetwood Churchill; and the handsome volume before us is simply a new edition of a work already well and favorably known to the profession of this country. In this new edition the author has evidently labored with diligence and success to bring up every department of the science of midwifery to its present state of progress; so that we find in this volume a clear exponent and a faithful review of the whole field of obstetrics.

As a general rule, we have little favor for editorial labors as an improvement to standard works on medical science; but in this case the additions of Dr. Condie have been made with judgment and evident good taste, and certainly add to the value of the work.

The present edition contains in the form of an appendix a chapter on Obstetric Morality, in which the author discusses with fullness the whole question of the morality of craniotomy, which has often proved a stumbling-block to very many worthy persons in and out of the profession. This chapter is merely a reprint from

the *Dublin Quarterly Review*, for which it was originally prepared as an essay.

An additional chapter is also added on the Qualifications and Duties of the Monthly Nurse, consisting of very suitable directions for the nurse as to her general character and conduct, her duties during labor for the infant, and the management of the mother and child.

These additions render the work still more complete and acceptable than ever; and with the excellent style in which the publishers have presented this edition of Churchill, we can commend it to the profession with great cordiality and pleasure.

For sale by Rickey, Mallory & Co. Price \$3.50.

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TRANSACTIONS OF THE MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA, at its Twelfth Annual Session, held in Philadelphia, June, 1860. New Series. Part V.

The twelfth annual session of the Pennsylvania State Medical Society convened in the city of Philadelphia, June 13, 1860, the President, Dr. Condie, in the Chair. The volume of transactions before us contains the regular proceedings of the sessions, the address of the retiring President, and a large mass of interesting reports from medical societies, obituary memoirs, etc. Dr. Edward Wallace, of Berks county, was elected President for the ensuing year, and the city of Pittsburg agreed upon as the place of meeting for the year 1861.

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INVOLUNTARY CONFESSIONS: a Monograph. By FRANCIS WHARTON.

This essay is a reprint of the closing chapter of a new edition of Wharton and Stillé's Medical Jurisprudence, which is now issuing from the press. We have read it with a great deal of interest; and we rarely find so much philosophical reasoning condensed in so small space. The conduct of conscious guilt, and the deportment of premeditated crime, are discussed in all their phases with a maturity of thought that is most refreshing.

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*Transactions of the American Dental Association.*—The sessions held at Niagara, August, 1859, and at Washington, July, 1860. To the regular minutes of these sessions is added a number of interesting essays on topics of interest to the dental profession.



*Physician's Hand-Book of Practice for 1861.*—This convenient little pocket memorandum-book is received from the publishers, the Messrs. W. A. Townsend & Co. It differs from the *Visiting List* of Lindsay & Blakiston in many respects, and will doubtless give excellent satisfaction to physicians who may use it. Price \$1.25; for sale by booksellers generally.

*Sclerotico-Choroiditis Posterior.*—With cases and illustrations. A paper by Dr. Henry D. Noyes, Assistant Surgeon to the New York Eye Infirmary, and reprinted from the *New York Journal of Medicine* for March, 1860.

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### Editor's Table.

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*On the Poisons found in Alcoholic Spirits.*—Most absurd notions have been entertained by the people generally, and expressed by writers and public speakers, on the supposed presence of strychnine and other foreign poisons in alcoholic spirits—as if alcohol itself was not active enough in its poisonous effects. We find, on this subject, an article from Dr. A. A. Hayes, in a recent number of the *Boston Medical and Surgical Journal*, so appropriate that we copy it entire :

“Frequently, within the past few years, the public journals have called attention to the existence of poisonous bodies, especially strychnine, in the spirits produced from grains, and no little excitement has grown out of such announcements.

“A somewhat extended series of analytical observations on these spirits, from many sources, has convinced me that no good reason for such a statement could be found, and my conclusion has been supported by the testimony of those who are opposed to the manufacture, but who frankly admit that no case has ever fallen under their notice, at the places of manufacture, which would lead to even an inference, in regard to the adding of any deleterious body to the distilled spirits. The addition of non-volatile bodies to the fermented worts, if made, would not contaminate the spirits distilled from them, and it is probable that the supposition, in relation to the use of strychnine for the pur-

pose of increasing the product of whiskey, arose from the *ruse* of a foreman, who wished to conceal the particular characteristics of his ferments in daily use. In low places where such spirits are retailed, drugs which produce narcotic effects, or temporary frenzy, are doubtless resorted to in special cases, while the infusing of pepper or salt is not a very rare occurrence.

“Cases of sudden poisoning by the low-priced, common spirits frequently occur, which are not necessarily referable to poisons of foreign origin. Some of the so-called *fusel oils*, produced in the fermentation of mixed grains, either sound or after they have become injured from exposure, act as powerful poisons, and in some states of depressed action of the human system, fatal effects would doubtless follow from the introduction of such oils into the stomach.

“As a general statement, the spirits produced in this country to serve as beverages are remarkable for their purity and freedom from any substances which careful rectification can remove. When, through age and suitable exposure, the oils contained in them have passed into ethereal bodies and thus ripened the spirits, they become equal, in soundness and purity, to any products imparted from abroad, and far less deleterious than most of the so-called brandies of the present time.

“There is, however, present in the newly-distilled, and, in most cases, in the older spirits, a source of danger, which, so far as I can learn, has been overlooked, or possibly attributed to criminal intention, which should be publicly known, and is of especial interest to the medical profession.

“Newly-distilled spirits, of the most common kind, often contain *salts of copper, of lead, or tin*, derived from the condensers, in which the vapors are reduced to a fluid form. The quantity of copper salt contained in the bulk usually taken as a draught is sufficient to produce the minor effects of metallic poisoning; the cumulative character of these poisons may even lead to fatal consequences. With a knowledge of the fact now stated, instead of resting on a supposition of the existence of an organic poison in the spirits which have caused sickness, the physician may notice the symptoms of metallic poisoning, in persons addicted to the habit of consuming newly-distilled spirits, and interpose his aid in preventing the fatal termination of vicious indulgence.

“Since I first demonstrated the fact of the frequent occurrence

of these metallic salts in the more recently manufactured spirits, the investigation has taken a wider range, and the results have proved that as all spirits at one time were new, so with few exceptions — arising from peculiar rectifications — most spirits have been, or are more or less contaminated by metallic compounds. Old or more matured spirits have generally lost every particle of the salts once held in solution. Changes in the organic solvent have caused the deposition of the metallic compound, accompanied by the organic matter from obvious sources, and in such spirits the metallic oxide is always found — if it has been present — in the dark-colored matter which has been deposited at the bottom of a cask at rest. This dark deposit has the appearance of, and has been mistaken for charcoal, detached from the charred staves of the casks in which the spirits have been stored.

“Of this dark deposit every sample has, on examination, afforded abundance of copper, copper and tin, or copper and lead, even when taken from the finer qualities of foreign spirits.

“Observations have been made on the nature of this change from a soluble to an insoluble state. Samples of new spirits have been kept in glass vessels until the whole metallic salt has fallen in dark flocks, leaving the clear fluid free from any metallic compound and perfectly pure.

“It appears, therefore, that matured spirits lose their poisonous impregnation during the time necessary to adapt them for use as beverages, and that while the clear, transparent fluid contains no metallic impregnation, a turbid, though ripened spirit may prove deleterious through its *suspended* metallic compounds.

“In order to avoid the poisonous effects of these salts, perfectly well-ripened and clear spirits only should be used in the preparation of medicines, and when ordered as restoratives, no new or turbid alcoholic fluids should be allowed to enter the room of the patient or hospital. As a further elucidation of this subject, the following more strictly chemical remarks are offered.

“The origin of these salts is connected with the production of acids, as well as alcohol, in the fermenting vats. When the wort is subjected to heat in the still, acetic, butyric and other acids rise with the vapor of alcohol, and pass into the condenser, now most commonly made of copper, with masses of solder containing lead. At the instant of condensation, these acids exert a

sorrow. We know the *source* from which it derived its information—and we can say that we pray to be delivered from temptation; but any more editorials charging us with writing *ex parte statements*, will force us to write some truths which charity, heretofore, has induced us to withhold, which may not be very pleasant or profitable to the informant of the *Times* or its editors. The decency and truth, honor, learning or position of the legitimate profession in Cincinnati is not represented *in one man*, and this our New York friends may yet learn. We know of what we write, and mean it all.

While we are at it, we may as well correct a statement in the *Times*. Neither the late Dr. Caldwell nor Professor Gross were at any time Lecturers or Professors in the Medical College of Ohio.

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*The Long Island College Hospital once more.*—It will be remembered that we stated in our September number that this school had conferred the degree on a gentleman from Cincinnati, who attended his first course of lectures in the Medical College of Ohio, at its last session, and, immediately thereafter, his second course at the Long Island School, during its session of the present year. We protested against such a course, and asked Dr. Reese, of the *American Medical Gazette*, what he thought of it. This simple question has provoked him beyond measure. His reply to us is worthy the Satanic press of New York. We suppose he knows what journal in New York enjoys the unenviable name of Satanic press. Well, gentle reader, you can not imagine how this editor, Dr. Reese, roars and raves—how refined and gentlemanly his reply. Let us give you an example of his reply to our charge: “The *Cincinnati Lancet and Observer* has published a slanderous assault upon this school (Long Island), for which, if its editors are the men we take them to be, they will make haste to apologize,” etc.

We should feel bad, if this was not the style of this courteous editor, Dr. Reese. Has it come to this, that a fact can not be stated without its being called slanderous! Now for an answer. *We reiterate the charge, and say again* that the gentleman from this city (Cincinnati), who received his degree from the Long Island School at its late commencement, was not known in this city as a regular medical student until a very short time before

the commencement of the last session of the Medical College of Ohio. This does not rest on our authority alone, but is the general understanding of all who know the gentleman. He matriculated in the Medical College of Ohio, in October last, and attended the lectures of the session, 1859-60, and graduated at the Long Island School in June. We can not apologize, and we will not apologize, until the Faculty of Long Island School show us to the contrary. Dr. Reese may call our charge "slandrous" as often and as long as he may please, while we shall simply consider the source from which such language comes.

Dr. Reese is curious to know the motive or purpose that induced us to call his attention to this matter. We will satisfy him. First, then, he wrote a very commendatory article on the School at its first announcement; Second, the School is right under his nose; Third, as he has been vexing the profession with his views of medical education, in his journal, and at every meeting of the American Medical Association, and lastly, as he was the Chairman of the Committee on Medical Education, which offered the long report and the resolutions at the last meeting, we thought, of all other men, he was the man whose attention should be called to so great a wrong. Does Dr. Reese know the reason now? We don't care whether he has any "connection or responsibility with the School" or not. As a journalist, and an independent, honest editor, he has much to do with any school guilty of such outrages on the profession. He pronounces the statement "false and libellous, after a full investigation." Why not give us the facts you collected after full investigation, to justify you in pronouncing our statement "false and libellous." *The facts, the documents, first, Dr. Reese, and then "false and libellous."* If you have documentary evidence to show that the gentleman had been a regular medical student for three years, in the office of a regular physician, as these terms are stated in the circular of the Long Island School, and all other respectable schools, why did you not give them, and save your temper and reputation for gentlemanly propriety? As it is, we think you must be regarded as a poor specimen of a gentleman. We did not name the gentleman, nor was it necessary to do so—the wrong done the profession is the same. As to the fact that he has received the appointment to a professorship in the new faculty of the Medical College of Ohio, we care not. Against him, personally, we have naught to say. Dr. Reese is

so unfair and mean as to attribute our charge on the Long Island School to the fact that the gentleman is now a Professor in the Medical College of Ohio.

We know Professors Flint and Hamilton well, and have quite as high an opinion (and for one of them a personal regard), as Dr. Reese has or can have; but with our high regard for them, we do not, nor can not excuse the Long Island School for its course.

In conclusion, we may say that this "charge" will be heard from in Chicago next year, where we and a goodly number of Western men will look Dr. Reese, and those he represents in this matter, in the face, and *demand the documentary evidence* in the case. He will find out yet what it is to make so free use of the words "slandrous," "false and libellous," before he is through with this matter.

We believe at the present time, when the profession from one end of the country to the other is aroused, and determined that something shall be done to elevate the standard of admission into its ranks, that this matter is of some moment and interest.

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*Ether and Chloroform.*—The profession in Lyons, France, containing, by the way, some very distinguished men, have, we believe, since the introduction of ether and chloroform, preferred ether. At a late meeting of the Imperial Academy of Lyons, several very interesting conclusions on the subject were adopted: First, that anæsthesia produced by ether, in all surgical operations, is less dangerous than chloroform; second, that the anæsthesia from ether is as perfect and continuous as that from chloroform; third, that although there may be inconveniences accompanying the use of ether which are not observed in the use of chloroform, yet they do not justify us in incurring the increased danger from chloroform.

The society resolved that chloroform should not be used.

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*Death of Prof. Harris.*—Prof. Chapin A. Harris, founder of the American Dental College, author of the *Dental Dictionary*, *American Journal of Dental Science*, and other standard professional works, died at Baltimore, September 29th, at the age of 50 years.—*Boston Journal*.

*Another Death from Chloroform.*—The report of the death of a patient from chloroform in Bellevue Hospital is given in the October number of the *American Medical Gazette*. The chloroform was given prior to a contemplated operation for circumcision. About an ounce and a half was given in the usual way. Every means was resorted to, with the hope of saving the patient. The post mortem revealed the following, as the most important condition: "Thorax — Lungs collapsed; each pleural cavity contained about eight ounces of serum, stained with blood; about two ounces of serum in the pericardium; otherwise both the pleura and pericardium were healthy; heart *soft* and *flabby*, and, upon microscopical examination, found to have undergone *fatty degeneration*." The case is reported by Dr. A. Rives, Jr., acting senior.

To add to this dark list of deaths, the *London Medical Times and Gazette* records a death from chloroform which occurred at the Northampton Infirmary. The chloroform was given for the removal of a small tumor from the back. Death took place before the operation was performed. Is it not about time to discontinue the use of chloroform?

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*Private Instruction in Surgery and Anatomy in Cincinnati.*—Dr. W. H. Mussey will open his course on surgery on the 1st Nov., in the Dental College, College-St. It will embrace osteological pathology, surgical anatomy, and operative surgery. In connection with this course, Dr. W. Clendenin will give a demonstrative course on anatomy. Dr. Mussey has the large and valuable museum of his father, Prof. R. D. Mussey, at his service. It is exceedingly rich in pathological specimens. We cordially advise students and practitioners to take the course. Ample opportunities for studying and practising operative surgery will be offered. Dr. Clendenin is an excellent lecturer on anatomy. He was formerly Demonstrator of Anatomy in the Medical College of Ohio, and has just returned from Europe. His course will be a good one. Material will be abundant.

— Our friend Dr. E. Williams will continue his Clinique on Ophthalmology, during the winter, at his rooms, corner Fourth and Race-streets. The course by Dr. Williams will be very practical and valuable. Dr. W. deservedly occupies the first posi-

tion in his specialty in this city (Cincinnati), if not the first in the West.

The hours of lecturing will be so arranged as not to interfere with the lectures in the schools. Those students and practitioners who may attend these courses, will not, we feel confident, have cause to regret it. The only fee required will be payment for anatomical material.

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*The Introductory.*—Prof. Carson delivered the introductory to the course of the University of Pennsylvania, at Philadelphia, on the 7th October. On the same day Prof. Dunglison delivered the introductory in Jefferson School, and Prof. Hartshorne that of the Medical Department of Pennsylvania College. These schools are crowded with students, according to the *Philadelphia Medical and Surgical Reporter*.

*Atlanta Medical College.*—This institution closed its sixth course of lectures on the 1st day of September ult., after a highly prosperous session. The degree of M.D. was conferred on sixty graduates. Special awards of premiums were bestowed upon members of the graduating class for the best theses on subjects pertaining to anatomy, surgery, physiology and materia medica. The faculty of this institution are a hard-working, energetic and high-toned body of men, and well deserve the eminent success to which they have arrived.

*To Correspondents.*—Our friends will please accept our sincere thanks for their continued favors. Articles are received from Dr. Thompson, of Illinois, Dr. Oppett, of New Hagerstown, Ohio, Dr. Black, of Cambridge, Ohio, and transactions of Union Medical Society of Indiana, since our last issue. We desire to use the matter which has been thus accumulating in our editorial drawer as rapidly as is consistent with preparing an acceptable variety for our readers, and trust in the mean time all our contributors will be patient with us.

*Medical Colleges in Cincinnati.*—In the Medical College of Ohio, the introductory to the course for this winter was delivered by the Dean of the Faculty, Prof. M. B. Wright, on the evening of Oct. 22d, the regular lectures commencing Tuesday morning, the 23d. We understand the session opens with about sixty matriculants. In the College of Medicine and Surgery, the introductory was



delivered by Prof. B. S. Lawson. The number of matriculants in this school, we learn, is about eighty.

*Prof. Weber and Cincinnati Medical Affairs.*—We take it for granted, that all our readers, of course, understand that our colleague, Dr. Weber, is in no way responsible for any editorial matter in this journal pertaining to the local affairs of Cincinnati medicine.

*The Board of Guardians* of the poor have opened the Philadelphia Hospital to medical students free of charge. Hereafter no fee for tickets to the clinical lectures will be demanded.

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— Dr. G. A. Peter succeeds Dr. Van Buren as Surgeon to New York Hospital.

— Prof. Hodge, of the University of Pennsylvania, will soon bring out a new work on the diseases of females.

— In the article, "Endometritis during Labor," translated by Dr. Gans, in our last number, the word childhood, in the last sentence but one, should read *childbed*.

— The Medical Board of the Philadelphia Hospital, at a recent meeting, appointed Dr. D. H. Agnew Curator of the Pathological Museum. A fund has been secured for procuring fixtures and material for a cabinet.

— Our readers must pardon us for our lack of abstracts this month. A large amount of valuable matter of this kind, as well as some reviews and editorials, are crowded out, as we are unusually pressed with original matter.

— Dr. R. K. Browne, of New York, has been appointed to the chair of Physiology in the New York Medical College. He is said to be well qualified for the place, being familiar with the microscope, so that his course will be demonstrative.

— We learn, from the *Medical and Surgical Reporter*, that Sir Henry Holland (of the suite of the Prince of Wales) was entertained at a dinner with the Philadelphia Club, in company with some of the prominent medical men of the city.

— The *American Medical Gazette* states that, as far as reported, there have been 1,497 graduates in medicine turned out by the various medical colleges in the United States for this year. If the list was completed, it would probably swell the number to about 1,600.

THE  
CINCINNATI LANCET AND OBSERVER.

CONDUCTED BY

E. B. STEVENS, M.D., J. A. MURPHY, M.D., AND G. C. E. WEBER, M.D.

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**Original Communications.**

ARTICLE I.—*Dr. Fisher's Case.* By JOHN DELAMATER, M.D.,  
Professor of General Pathology, Midwifery, etc., in Western  
Reserve College, Cleveland, Ohio.

[Continued.]

In regard to Dr. Smith's hypothesis — which assumes that the fundus, being drawn into the cavity, is precipitated onward by means of its own irregular contractions, a circle of fibres grasping the introverted portion and carrying it forward to the mouth of the organ, as might be done by the hand in similar circumstances — it is due to say that from the nature and structure, and mode of action of the womb, I am wholly unable to conceive that any such movements would be possible. The walls of the organ are not known or generally believed to be susceptible of any other mode of change, in regard to their activities, than simple contraction and relaxation. Usually, as in labor, the uterine action, as relates to the body and fundus, is of a character simply tending to diminish the cavity equally, and in that manner to expel any body contained within it, such as the foetus, the placenta, membranes, clots, etc. — the neck concurring in this general and uniform action, but not equally; and consequently it is this part which yields, as in labor, to the overbearing contractions of the fundus, so as to compel the foetus, or whatever other

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movable body may be contained within the cavity, to escape through the neck and mouth. In the latter stages of labor, as Dr. Quackenbush has well observed, the neck and mouth relax so as to favor the passage of the fetus without much resistance. The neck, however, does not become absolutely placid in these circumstances, but has appeared to me to maintain sufficient action to form a regular and moderately resisting canal, adapted to guide the transmitted body in the most favorable direction. A critical study of the anatomy of the organ, a careful and ample opportunity for observing its workings in the process of parturition, added to numerous observations made by the hand introduced within it in almost all practicable circumstances, have concurred to fix in my own mind the view which I have just uttered, and which is also in accordance with the descriptions usually given by the most competent writers on these subjects. I have elsewhere in this deposition conceded, however, that the uterus is liable to submit to irregular actions, as the neck and mouth to contract disproportionately, or a ring of circular fibres to do the same, called hour-glass contraction, or the circular fibres of the entire organ to do the same, while the longitudinal fibres remain comparatively inactive, the latter reducing the organ to an unnaturally lengthened and cylindrical form.

If the fundus were depressed, contraction of the circular fibres, if uniform, would constrict, and might retard or arrest the intruding fundus, or the hour-glass contraction might constrict and strangulate it partially. Still, the act would be constriction, and nothing more; or, if the circular fibres were to act successively in an annular manner, contracting and relaxing alternately and successively, even such an action would possess no tendency to force the intruding body forward, and to consummate complete inversion. Such a movement would consist of contraction and relaxation merely, and nothing more. Yet there would be an incidental attendant on such irregular contractions which could not fail to be material in such a case. It is, that these contractions would in themselves be a source of irritation of the organ, often extreme, with which the abdominal muscles would never fail to sympathize; and consequently, energetic bearing down efforts would be a never-failing consequence of such grave irritations. It is sufficiently plain, therefore, that such irreg-

ular uterine contractions must possess a marked tendency to favor inversions—not as a direct cause, but as an incidental effect merely.

For the purpose of enforcing and illustrating the doctrine of self-inversion of the uterus, intussusception of the intestines, which is a much more common event, has been invoked as if it were a change arising from a well-ascertained and analogous causation, namely, irregular contractions of the intestinal tube.

To such an argument, however, it seems to me obvious to reply, that the two cases, as bearing upon the question of their causation, are very far from being analogous. In the case of “intussusception, the intrusion of a portion of an intestine within a contiguous portion below,” we have—1st, a tube of *thin* walls with a comparatively large cavity, this cavity being always preserved in a state of expansion by the air or gas contained within it. When a ring of the circular fibres contracts firmly, the circumferential volume of the contracted portion is so much smaller than the relaxed and expanded cavity immediately beyond it, that no resistance or obstacle would exist to obstruct the ready intrusion of the contracted portion within the expanded part below. And moreover, 2d, if the contraction or stricture were a little persistent, the liquid and solid intestinal matters would rapidly accumulate immediately above the stricture; and these matters being constantly acted upon by the contractions of the tube above for forcing them forward, would tend to urge the contracted portion onward into the expanded portion below; and finally, in the case of the intestines, we have the tube continuously attached, in a linear manner, to the edge of the mesentery, which is itself in turn attached by its posterior edge to the spine. This linear attachment of the intestines to the mesentery must necessarily maintain the different portions of the tube in their just relative relations to each other. And furthermore, intussusception always becoming established in connection with violent colics, we have also the sympathizing contractions of the abdominal walls upon the intestines within, tending, of course, to steady them and prevent their swaying movements from side to side. In such circumstances the introduction of the contracted part into the expanded portion below seems obvious and even inevitable. But in the case of the uterus, we have, on the con-

trary, a body constituted of very thick walls, with a relatively much smaller cavity. If the organ be considerably reduced in its volume, as is usual three or four months after labor, the walls, however well contracted, are many times larger than the space of its cavity or the canal of its neck, so that a contracted portion could not be introduced into the portion below without the application of considerable force; and there is, in the case of the uterus, no force like that of intestinal accumulations impelled upon the constricted portion by means of the contractions of the circular fibres above, and tending to urge the contracted portion downward within the cavity or canal below. It is plain, I think, that no argument can be drawn from intestinal intussusception for illustrating the causation of inversion of the uterus, which is so widely different from it in all its essential circumstances.

The following facts, when duly considered, seem to me to prove conclusively that the hypothesis that the womb may invert itself, must be erroneous, to wit, namely: In a foot-note by Dr. Heming, p. 114 of Boivin and Dugés treatise, previously referred to, I find an extract from Sir Charles Clark's treatise on Diseases of Females, vol. i., p. 154, referring to the completely inverted uterus, which is as follows: "If the woman should continue to menstruate, the fluid of menstruation may be observed coming from the whole surface of the lower part of the tumor — of the lower part, because in the greater number of instances the uterus will drag down the vagina with it; in which case the external tumor will consist of two parts — one above, which is the inverted vagina; another below, which is the inverted uterus. Where the vagina terminates and the uterus begins, there will be found a contracted part, which is the os uteri."

It is to be noted that Dr. Clark says in the greater number of instances the uterus will *drag down the vagina with it*. Of necessity, *drag* it down, because the vagina is strictly adherent at every point of its circumference to the surrounding parts in a degree to resist its own inversion and displacement without the action of very considerable tractive force upon it.

In Churchill's treatise on Diseases of Women, also previously referred to, on pp. 370, 371, I find the following quotation from Dr. Newnham's description of inversion, which Churchill has adopted verbatim, namely: "With regard to the first, (that

is, the first degree of inversion, depression,) the fundus of the uterus is depressed within its cavity, but does not form a tumor in the vagina. The actual existence of this stage of the disease can only be known by introducing the finger into the uterus, and by ascertaining the state of the organ by pressure upon the abdomen. By the former process the fundus of the womb will be found to have approached the os uterum; and by the latter a corresponding depression will be observed, instead of that regular contraction which is familiar to every prudent practitioner. *This state is generally accompanied by effort to bear down, by which it is often converted into partial or even complete inversion.*" It is to this accompanying *effort to bear down* by which the depression is often converted into partial, or even into complete inversion, to which I beg to invite particular attention, since that the bearing down effort is in no sense any species of uterine action whatever, but, on the contrary, is solely a forcible contraction of the abdominal muscles, by means of which, in the particular case in question, the floating organs within the abdomen—chiefly the intestines—are forcibly impelled upon the fundus of the uterus.

In the same treatise last named, on p. 377, Churchill says a considerable difference in the size of the tumor will be observed, according as inversion is complete or incomplete, recent or of long standing. He then quotes again from Newnham as follows: "In the fourth degree of complete inversion (that is, the extreme of the third, according to the division which I have adopted in this deposition), which is the most rare, the volume of the tumor is commonly larger than that which the uterus ought to present, even immediately after delivery. It is then, in fact, distended by portions of intestines, together with the fallopian tubes and ovaria. Several cases of this kind are upon record, the earliest of which is that by Stalpart Vanderwial, in which the intestines were laid bare after death by an incision of the tumor, still in its situation between the femora. Churchill continues: "We learn from Lauret that the sac formed by the inverted uterus and vagina in the case of a person seventy years of age, was filled with a portion of the rectum, the bladder, and of the small intestines, and with the fallopian tubes and ovaria."

We find, then, that in the extreme varieties of complete inversion the vagina is dragged down in a state turned inside out, so

as to form the upper portion of the tumor—in some instances the entire canal being in this state pendant from the vulva, and the uterus hanging from its inverted extremity; further, that in some of these cases a large part of the intestines, as well as the bladder, with the fallopian tubes and ovaria, are also forced down within this huge sac, so as to be found even within the inverted uterus some three to six inches beyond the cavity of the pelvis. Now, if we remember that all the steps of the varieties of inversion last named usually begun and completed almost instantaneously, and call further to mind that the rectum and bladder are so attached to the adjacent parts that they would not be moved from their positions by their own weight merely, even in the vertical posture of the body, and that the most movable portions of the intestines would by their own weight reach no further, at the utmost, than the bottom of the cavity of the pelvis in the same posture of the body, while the vagina is at least partly firmly fixed in its place, and, in short, that these organs could not possibly be removed from their natural places to the extent and in the manner observed in these cases, but by the operation of great extraneous forces upon them, we are naturally led to the inquiry, Whence is this force derived?

Some eminent men, as I have previously shown, have in later years conjectured that the womb inverts itself. But admitting for the moment that it may be so, which I am very far from seeing possible, it is quite apparent, I think, *that it could do no more than simply invert itself*. Having its fixed point at the neck where the top of the vagina encircles and is attached to it, its mouth protruding into the canal or cavity of this canal, in becoming inverted it would be deposited within that canal simply by dilating it. If it were too voluminous to be wholly contained within it, it would necessarily find the requisite additional space by protruding so far beyond it. But in all this I am wholly unable to perceive the operation of any force existing within the uterus itself adapted to project it suddenly, not only entirely through the vagina, but in some instances, as I have proved, to the distance of three or four inches beyond the pelvic cavity, tearing away at the same time the vagina from its attachments, and dragging it down, together with the bladder, rectum and small intestines along with it, in a manner and to an extent that

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could only be effected by the sudden application of so great a force as can in no way be reasonably imputed to the womb alone, in the mere act of turning itself inside out. To say, with Radford, that the fundus and body of the organ are put in a state of violent and abnormal contraction sufficient to force themselves through the relaxed neck and mouth so as to establish an inversion, necessarily assumes that the longitudinal muscular fibres—those which arise near to or at the mouth, and are arranged lengthwise of the organ, passing up to and over the fundus, and thence downward and terminating at, or nearly at the mouth on the opposite side—must play a very efficient part in the production of such a change; and hence it follows, that while the fundus is forced downwards by means of the supposed contraction, the mouth and neck can not but be equally drawn upwards,—or, at least, that this must be so, so far as the attachments of the neck, and especially its attachments to the top of the vagina which fully encircle the neck, will permit. It is obvious that the act of inversion, according to such a process, so far from tending to tear away and drag down the vagina from its attachments to the surrounding parts, must tend forcibly to counteract any such tendency. Or if we say, with Smith and West, that the fundus is some unexplained—and, as I think, unexplainable—manner is brought into a state of contraction by means of which it depresses itself into the cavity of the organ, and that the depressed portion being then seized by means of an annular or ring form, hour-glass contraction of a portion of the circular fibres, is carried downwards by the corresponding movement of the constricting portion of the organ through the relaxed mouth and neck, and deposited in the vagina, we must still assume equally, as in Radford's hypothesis just noticed, that it is by means of the contractions of the longitudinal fibres that those downward movements of the inverted and contracted, as well as the constricting portions of the organ, are effected; and this will also involve the same consequences in regard to the effects of these movements upon the vagina—namely, that instead of being torn away from its connections with the surrounding parts, and dragged or forced downward and inverted, it would actually be stretched forcibly upward; and all such untoward tendencies be averted, rather than favored by the act of inversion. And then, in regard to



in which the event is evidently owing, in part, at least, to other mechanical agencies, acting, however, always upon similar principles. Such a doctrine furnishes an obvious and intelligible account of the efficient cause of the inversion itself, as well as of all the known incidents, the effects of this indispensable agency being always modified by the particular conditions and actions of the womb itself in a manner to vary the history of the case, and of its symptoms, in many ways.

[To be Continued.]

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ART. II.—*Upon certain Diseased Conditions of the Ovum and its Envelopes, induced by Constitutional Vice in the Mother, as a cause of Abortion.* By C. A. LOGAN, M.D., Leavenworth City, Kansas.\*

The deep obscurity in which the mysterious process of generation still lies hidden, renders it impossible for us to take cognizance of the conditions under which the germ may expand into a healthy, living being, or degenerate into a blighted mass. The light, however, which has been thrown upon it in recent years by the labors of such men as Barry, Von Baer, Kölliker, Weber, Sharpey, Coste, Lee, J. Reid, and others, has enabled the observing physician to draw many practical deductions, and apply them with advantage to the furtherance of successful gestation. Reliable statistics show, however, that abortion is an accident of very frequent occurrence, and the difficulty of preventing its repetition in many cases, prove conclusively the imperfection of our knowledge.

Mr. Whitehead, in his work on Abortion and Sterility, has given some statistics, which, startling as they appear, are even exceeded, I believe, in the American females. Mr. Whitehead says: "Two thousand married women, in the state of pregnancy, admitted for treatment at the Manchester Lying-In Hospital, were interrogated in rotation respecting their existing condition and previous history. Their average age at the time of inquiry was a small fraction below 30 years. The sum of their pregnancies already terminated, was 8681, or 4.38 for each; of which rather less than one in seven had terminated abortively. But as abor-

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\*An essay read before the Leavenworth Medical and Surgical Association.

tion occurs somewhat more frequently during the latter than in the first half of the child-bearing period, the real average, consequently, will be rather more than one in seven." Again: "Of 747, all had aborted once at least, some oftener. Their average age was 32.08 years. The sum of their pregnancies was 4775, or 6.37; that of their abortions 1222, or 1.63 for each person." From this exhibit we discover that more than one woman out of every three aborts before she attains the age of 30 years. These statistics are gathered from a class of women who, experience teaches us, are in one of those extremes of society in which abortions are most apt to occur. Could the same data be obtained among the class of females in this country whose social status corresponds to the above, I am of the opinion that the number of aborting women would be increased.

The causes of abortion are divided by most writers into maternal and ovuline, the latter embracing indefinitely all causes which compromise the life of the child. It is in this division that I believe much harm is done. While the general fact is stated, that the ovule may be diseased within itself, and thereby compromise its own existence, yet it is not taught us that the causes of that condition by which the vitality of the germ is vitiated, must reside in the parents whose product it is. We are thus restrained from looking into the ultimate causation of these difficulties, and content ourselves with knowing that we have done all the books prescribe. In a case of oft-repeated abortion we may have satisfied ourselves that there exists no ulceration or other disease of the cervix — no organic or functional derangement of any of the viscera; we may have carefully fortified our patient against the possibility of nervous shock or excitement, of undue effort, of accidents of all kinds; and when holding in our hand the little product of the blighted conception, we discover that by some mysterious disease of the involucra or other foetal constituents its nutrition has been intercepted, we contentedly solace ourselves and patient with the assurance that the cause was *ovuline*, and could not be avoided. In all such cases would it not be well for us to go behind the ovule, and inquire why it is that the mother can not eliminate a healthy germ, which shall, in due season, be developed into the equally healthy child? Can there be any doubt that syphilitic or scrofulous depravation of the

maternal blood is capable of vitiating the vitality, and setting up various local lesions in any and all of the ovular structures? I think not, and am of the opinion that if in many of those obstinate cases, where "the habit of aborting" is acquired, we were to inquire into the constitutional tendencies of the mother, we should find one of these causes in operation, and that the difficulty would give way under a proper constitutional treatment.

That various affections of the foetal membranes, by which their absorbing and secreting functions are impaired or destroyed, are a prolific source of early abortions, I have repeatedly satisfied myself, by minute examination of the altered consistence and texture of the membranes, not explainable by post-mortem changes. The fact that the foetal envelopes are subject to disease, is presented to us daily in those cases that, though having gone to the full term, present various abnormal conditions which may seriously impede delivery. Of these may be mentioned preternatural toughness, or friability of the membranes; and a largely increased or diminished quantity of fluid; in the former case, perhaps creating uterine inertia—in the latter subjecting the os to the slow dilatation of the presenting part. Nor is the amnion alone liable to these varying conditions of secretion, as the following cases will illustrate:

*Case 1st.*—Aug. 27, 1858., Mrs. L——, taken in labor with her second child. A vaginal examination revealed a head presentation, with a fully dilated os. The first stage of labor having been completed, I ruptured the membranes, which were rather tough, and a considerable quantity of fluid was discharged. A calm ensued in the pains, and upon their being resumed the head was driven rapidly into the inferior strait, but with the bag of waters still preceding it. I carefully examined the protruding membrane, and satisfied myself that this one had not been ruptured, and pressing my finger against it, a second quantity of water was discharged, when the scalp was felt, and before a great while the child was born.

*Case 2nd.*—June 29, 1860, Mrs. B——, brought to bed with her first child. The os underwent a rapid dilatation, and in the absence of pain it was easy to determine that the feet presented. The feature which I wish particularly to notice, however, was the bag of waters as it presented. The finger, when introduced

during a pain, first impinged on a membranous bag, rather loose and flabby, but upon being pressed further in it came in contact through the parieties of the first with the hard, unyielding collection in the second bag. I do not know that I can better describe it, than by likening it to a small bladder filled to its utmost capacity with water, put into a large bladder but partially filled. If then the finger should be made to feel the small bladder through the fluid in the larger one, the idea would be pretty accurately conveyed. Recognizing thus two distinct collections, I determined, if possible, to procure the fluid of the first for the purpose of analysis. Obtaining the barrel of a small gutta-percha syringe, and stopping up the lesser aperture, I introduced it along with the index finger of the left hand, while a quill-pen was introduced with the same finger of the right hand. The sac was punctured in such places as to collect the fluid in the syringe, which was then withdrawn, with the finger over it to prevent the escape of the liquid, and set aside for future examination; but, much to my chagrin, a bungling nurse, in her clumsy haste, knocked it over and spilled the contents. A small quantity of liquid escaped from the rupture of the first sac, and a large quantity from the rupture of the true bag. I have frequently read narrations of this double collection of fluid, in the various medical journals, accompanied with the wonderment of the writers as to its production.

Some of our standard authors, as Dewees, Ramsbotham and Chailly barely mention it under the name of the "false waters," without attempting any inquiry into its cause. I am of the opinion that the collection may either exist between the decidua reflexa and the chorion, or between the chorion and amnion, in consequence of diseased action in either, whereby a hyper-secretion takes place. That these membranes are subject to inflammation, thickening, opacity, and the effusion of fluid, has been satisfactorily established by M. Mercier. That a syphilitic, scrofulous or tubercular taint may establish such diseases from the first formation of the fœtal envelopes to such an extent as to interfere with the healthy nutrition of the embryo, as to cause its death in the early weeks; or, acting less intensely, to simply give rise to a functional lesion, evidenced by the cases narrated, but not sufficient to destroy life, I think is equally plain.

As further evidence of the derangements to which the embryotic membranes are subject, the following case may be related :

*Case 8d.*—September 14, 1859, Mrs. J—— was taken in labor with her first child. When I arrived I found the os almost fully dilated, but there was nothing to be felt, save the hard foetal head, and I naturally enough supposed the membranes had ruptured. The labor progressed, and in a short time the child was born. Upon an examination, however, I found the infant *enveloped in a strong membranous bag, fitting as closely to the body as a glove to the hand, with no drop of intervening fluid.* It was entire, except where it had been torn from its attachment to the placenta, and so tough that it required considerable effort to tear it open ; upon doing which, however, the child cried lustily. The infant was a female, and those of the Irish matrons who stood near and saw the peculiarity, declared that it was born with a *caul* over its face, and was destined to astonish the world by its power of seeing into futurity, when it should reach the proper age. Had it been able to explain to me the mystery of its present situation, I should have been better satisfied.

Here, then, is a case the direct opposite of those before related ; and what may serve to throw some light upon it and fix it as a vice originating in the maternal economy, is the fact that although the infant was kept for some two or three weeks at intervals pulling at the breast, *yet no drop of milk was ever secreted by the mother*, and the child was fed by a humane cow friendly to the cause of distressed infancy. To all appearances the mother would be judged a healthy woman ; she had light hair, blue eyes and fair skin, but in childhood had suffered with an unhealthy purulent discharge from the ear, together with some other local manifestations of a scrofulous diathesis. It appears evident to me, that although these cases only establish the fact that the foetal membranes may be diseased in such a way as to derange their secreting properties, yet we are justified in assuming that an intenser form of morbid action, so to speak, may so destroy the integrity of their structure as to incapacitate them from performing their peculiar function, and the embryo perish for want of nourishment.

Some of the authorities mention the fact that constitutional vices in the mother may act as predisposing causes of abortion,

have induced miscarriage. So frequent is this that the prolific nature of the Kansas women is a frequent laughing topic among themselves. The following case may be given in illustration :

*Case 4th*—Mrs. K—— removed to Kansas in 1858, from Boston, having been advised, according to her statement, by the celebrated Dr. Bowditch to do so as a means of improving her health, which for ten years previously, and particularly the latter eight, being her married period, had been very critical. She had suffered much with menorrhagia ; in eight years was pregnant seven times, and had aborted as often ; was anemic, debilitated, and supposed to be on the threshold of “a galloping consumption.” When I first saw her she was much emaciated ; the lips and conjunctiva were bloodless ; appetite perverted ; bowels excessively constipated, not being moved for a period of two weeks at times ; an exacerbation of fever every night. There were several glandular enlargements under the jaw upon either side, and there existed that peculiar brightness of the eye which so characterizes the scrofulous subject. There was a slight cough, with the occasional expectoration of a thin, whitish fluid, but the physical sign did not reveal any of the indications of tubercular deposition. So she positively refused internal medication of any kind, except as a relief to her bowels. I simply gave her a dis-cantient embrocation for the tumors, and the following mixture for her bowels :

℞ Ext. scennæ, fʒ ij.  
Tinct. jalapæ,  
Tinct. gentian comp., aa ʒ iss. M.

A tablespoonful to be taken every night, and repeated in the morning, if not sufficient to produce a movement ; and the dose to be gradually lessened as the bowels become regulated. Directions as to diet and hygienic measures generally were also laid down.

Mrs. K—— had been in Leavenworth one year, at the end of which time no one would have recognized her as the same woman. She had grown strong and robust, and the unfavorable symptoms had entirely disappeared. She again became pregnant. When about two months advanced, a fire occurred which consumed her dwelling, and for a period of one hour she was engaged with others in removing her household goods to a place of safety, and

sat for the most of the night in the damp air. Notwithstanding our apprehensions, she recovered from the shock and its subsequent exposure and exhaustion, with no symptom of abortion.

About two months after this, while riding out with her husband after night, the buggy was overturned by a stump in the road, the occupants thrown out, and Mrs. K—— sustained a fracture of the humerus, and was obliged to walk in that condition a half mile to the nearest house. She recovered from this, much to her own surprise as well as ours, without bad symptoms, and in due time gave birth to a healthy boy.

Several other cases less marked could be cited, did space permit. I am aware that it may be urged that women in the last stages of phthisis, and other exhausting diseases, pertinaciously complete the term of pregnancy in opposition to many adverse circumstances, but I regard all such cases as being purely exceptional in their character. Probably no less prolific in producing a diseased ovum than the scrofulous and syphilitic taints is that state of general cachexia and impoverished blood, produced by the excessive mercurialization, so extensively resorted to for the cure of syphilis, and in the West in the treatment of malarial diseases. This state of things, however, under a more prudent and enlightened system of medication, is beginning to be much more rare, and it is to be hoped that the time is not far distant when empyrics shall cease to truthfully stigmatize the profession with the charge of curing one disease by the substitution of another infinitely worse.

Gentlemen of the association, if the foregoing remarks shall induce you, in cases of repeated abortion, where all probable and possible causes shall have been removed, to inquire more closely into the constitutional and hereditary tendencies of your patient, and treat her aborting proclivities by an attention to these circumstances, my end in making them will have been attained.

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ART. III.—*Inverted Toe-Nail*. By J. R. BLACK, M.D., Cambridge, Ohio.

In your issue of November, 1860, I observe a short article by Dr. Weber, of Cincinnati, on this affection. He gives a very brief *résumé* of all the methods in vogue from the year A. D.

668 up to the present for the cure of this affection. But the Doctor has either overlooked, or was not cognizant of the plan employed by Dr. Batchelder, of New York, which, it appears to me, is at once the least painful, safest and most successful plan of treatment yet suggested. Since its publication in the *New York Journal of Medicine* (July, 1856), I have employed it in every case under my care, and with the most satisfactory results. My last case was on the 17th of August last, in the person of Miss W——, who had suffered from it for the past four or five years. Various plans for its cure had been used, among which was the cruel and barbarous one of evulsion. The relief was only transient, and hardly compensated for the pain and inconvenience inflicted by the operation. The relief obtained by the method about to be described was complete. The inversion was rapidly and effectually overcome, and any tendency to its return is not yet manifest. Indicative of the success of this plan is the statement of Dr. Batchelder, that he has practiced it for nearly fifty years with unvarying success.

The inversion is usually only on one side of the toe—the inner,—and when upon the outer is commonly less in degree. At the point from which the deflection towards one or both sides begin, there is a longitudinal ridge or crista sometimes in the middle of the nail—more usually a little toward the inner side. The edges of the deflected nail are usually pared off as much as possible to keep them out of the inflamed and ulcerated skin. The first point in the treatment is to let these edges grow out as much as possible, so as to be on a line with the end of the toe. As soon as this occurs, a groove is to be cut along the ridge of the nail from the root to the point. Nice care is required in this procedure, not to cut into the quick or split the nail in a longitudinal direction. In either mishap the objects of the operation are rendered nugatory. A small linen compress, one-fourth of an inch in length, is then to be gently insinuated beneath the imbedded nail. At first but a very thin one will only be admissible, but in a short time their thickness can be gradually increased until the edge of the nail is completely lifted out of its bed. The sensibility and growth of the fungus may require it to be touched with nitrate of silver—more, however, for the former than the latter object.



During the treatment and afterwards, to prevent relapse, a shoe roomy at the toes should be worn, and more especially should this be effected by a widening of the sole of the shoe, rather than of the upper. For simplicity of performance, for completeness of relief, for successful results to surgeons previously baffled, this simple operation of Dr. Batchelder will be thankfully received by the profession, and the more so, as it is to one to whom they have been more than once indebted.

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ART. IV.—*Cases in Obstetrics.* By G. L. PURDY, M.D., Salem Station, Ohio.

It being one of the provinces of a medical journal to report, for the mutual benefit of the profession, interesting or rare cases, perhaps the two following will repay perusal.

1. *Puerperal Convulsions.*—*Eclampsia puerperalis*, according to the statistics given by Dr. Churchill (in its four varieties of hysteria, epileptic, apoplectic, and the *true* puerperal convulsion), is a rare complication of labor, occurring but 172 times in 103,537 cases, or in the ratio of *once* in 602 labors. The fatality to the mother *one* in *four*. Child usually still-born.

Mrs. V——, aged about 22, seven months advanced in her second pregnancy. From exposure, she had been somewhat anasarcaous for some ten days previous to the 16th of last July, but did not complain of any particular or unusual symptoms until this date, when she complained of some pain in the head and some little fever — also “a strange feeling in her head,” as she expressed it, and was very irritable. She was, and had been taking the infinitesimal nonsense of a Homœopathist. The Homœopathist was sent for about 9 o'clock A. M.; he told her there was not much the matter with her, and she would be well in a few days. What he did for her I do not know; at any rate, it amounted to nothing for her *good*, but in my opinion was vastly to her detriment by wasting valuable time that should have been employed in giving reliable remedies, and that time was that in which remedies are of the greatest service. She continued to get worse, and at 9 o'clock on the morning of the 17th the Homœopathist was sent for again. He left her some medicine to be taken every fifteen minutes, told them she would soon be better, and

left. After taking the third dose she had a slight convulsion, lasting fifteen or twenty minutes. Becoming alarmed, Dr. Rotrel, of Rome, was sent for. At 2 o'clock p. m. she had another and more severe convulsion; after which she remained a little stupid. About 4 o'clock she had another, and from which she never recovered her consciousness; nor did any convulsive movements occur after this time. The convulsions were not violent at any time.

Dr. Rotrel was again summoned to see her, and used all the usual remedies. I was sent for, about 11 o'clock at night, to counsel with the Doctor. The case appeared hopeless, and I could suggest but little more than Dr. Rotrel had done. I found the lady had been in a deep comatose condition since 4 p. m.; the whole muscular system as placid as if life had just left the body; the breathing loud and stertorous; the pupils of the eye somewhat dilated, and the body bathed in a cold perspiration. As before stated, she was seven months advanced in pregnancy, and, as usual in such cases, labor pains set in after the second convulsion, and progressed until the os uteri was dilated and the child's head brought upon the perineum, and then entirely ceased. It became a question, after my arrival, whether to deliver or not. After viewing the case in all its bearings, we concluded to give ergot and stimulants to get up some action of the uterus, if possible, and deliver with the forceps. In the absence of any uterine action, we thought it unsafe to attempt it, as in the comatose and placid state of her system there would be a great risk of post-partum hæmorrhage, for it is very probable that the uterus would have failed to contract and close up the mouths of the exposed placental vessels. And another reason against immediate and forcible delivery is, that the presence of the child was not the cause of the convulsions; and further, that had delivery been effected and contraction of the uterus secured, it is very improbable that she would have recovered.

These being the facts, I think we were fully justified in not attempting to deliver in the absence of any uterine action. The ergot and stimulus failed to produce any effect; not the faintest uterine action could be discovered. She died at 5 o'clock on the morning of the 18th, nineteen hours from the first convulsion.

This case, I think, was of the *serous* variety of apoplexy, de-

nominated *water stroke* by Goelis, and *puerperal hydrocephalica* by Cullen. There was no post-mortem examination, but the presence of the anasarca, and especially the *disappearance* of the *puffiness* of the face, in a great measure would lead to the suspicion of a *metastasis* to the *brain*.

2. *Retained Placenta*.—This is also a rare complication of labor, according to Churchill. It occurred 392 times in 259,250 cases, and of this number one in five died.

Mrs. Y—, aged about 20, primipara, was delivered of a child near 1 o'clock on the morning of July 5th. From some misunderstanding, the man that was intended to be sent for the physician did not go. After the child was born, the old lady present in the capacity of accoucheur, failed to remove the placenta. After the lapse of an hour and a half, the physician not arriving, and considerable amount of hæmorrhage going on, the woman getting very weak, and the placenta still retained, the lady's father started for the doctor himself. After his arrival, he found her so near moribund that he did not attempt to do anything until another physician was present. I was sent for, but too late to see her alive. Had a physician been present to remove the placenta promptly, probably there would have been no difficulty in her recovery.

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### Proceedings of Societies.

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*Proceedings of the Union Medical Society, at Knightstown, Indiana.*  
Reported by B. F. ELDER, M.D., Secretary.

Society met, pursuant to adjournment, in the office of Dr. Elder, on Monday, Sept. 3, 1860. Dr. Canady in the chair. Business being in order, the resolution referring to the case of Dr. Walker was taken up. Said resolution reads as follows :

"Whereas, This society feels itself responsible, to a great degree, for the professional acts of its individual members, and whereas Dr. B. R. Walker did criminally maltreat a woman three and one-half months pregnant, by procuring an unwarrantable abortion, and by using the vaginal speculum for the pretended purpose of ascertaining the death of the fœtus ; therefore,

“Resolved, That Dr. B. R. Walker is guilty of malpractice, and is hereby expelled from this association.”

After some debate on the resolution, Dr. Walker arose and said that he would withdraw his name from the society; but, after some debate, it was decided that a member having been arraigned and gone into trial, could not withdraw from the society for the purpose of avoiding the verdict of said trial. A vote was therefore taken on the resolution, which resulted in its unanimous adoption.

The committee on revision of the fee bill reported. Report received and committee discharged.

The censors having reported favorable on the propositions for membership of Dr. Cooper, of Greenfield, and Dr. Passage, of Woodville, they were elected members of the society.

Reports of cases being now in order, Dr. Canady reported a case of bilious remittent fever which he had treated with large doses of quinine, given during the febrile excitement, which produced copious perspiration and cut short the case. A discussion concerning the therapeia of quinine followed. Dr. Cooper thought that in certain doses it acted as a sedative in all cases, and would produce diaphoresis. He viewed Dr. Canady's treatment in the case reported as eminently correct.

Dr. Rawlins reported a labor case, in which there was prolapsis of the funis. Being unable to return it, he hastened the labor by giving *quinine*. The pains increased immediately, the child was rapidly expelled, and was doing well at the present date. The action of quinine on the uterus was discussed at length in this case. Dr. Cooper viewed it as an emmenagogue, and reported some cases where he had used it as such with marked effect. Drs. Rawlins, Troy and Hackleman thereupon reported cases in which they had used quinine for the cure of intermittents where there was also amenorrhoea, and after using the remedy the catamenia made its appearance.

Dr. Troy reported a case of hysteria, which he treated by inhalation of chloroform with a happy effect.

Dr. Elder reported a labor case with adherent placenta. Another point in the case was the expulsion of an entire sac of water resembling a bladder. During a severe pain, the sac burst, and the child was immediately born, a copious flow of

water following. The sac was thought to be merely a prolongation of the proper membranes.

On motion, the society adjourned to meet at 10 o'clock on the first Monday in October.

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KNIGHTSTOWN, Oct. 1, 1860.—Society met, Dr. Lewis in the chair. After transacting some business of minor importance, the society adjourned till 1 o'clock P. M.

*Afternoon Session.*—Dr. John Lewis read the following report :

*An Obstetrical Case, with remarks.*—Sept. 26, 1860.—About 3 o'clock in the morning I saw Mrs. H——, æt. 28 years. She is a medium sized woman, lymphatic temperament, good constitution and general good health ; is the mother of two children — the youngest fifteen months old. She is pregnant for the third time, and by her reckoning her completed term.

About 12 o'clock, three hours previous to my visit, she first felt uterine pains — light at first, and at long intervals. Her pains so continued until 2 o'clock, when they increased a little in force. Now (3 o'clock A. M.) the pains are very light, but quite regular, recurring at intervals of fifteen minutes. Patient has no nausea or headache ; skin natural temperature ; pulse 80, and tense. From vag. tact. found the external genitalia well relaxed ; cervix uteri completely obliterated ; os uteri dilated to the size of a dime, but rigid and firm. Did not disturb the patient with the use of any means for several hours, during which time she made her toilet, sat to the breakfast table, etc. . . . At 10 o'clock A. M., no change in symptoms since 3 o'clock this morning ; the uterine pains remain of the same force, and at the same interval ; no change of os uteri, pulse or temperature. . . . Between 10 and 11 o'clock A. M., had her feet bathed in warm water, applied an exhausted glass tumbler to the superior and inferior portions of sacrum, and gave ten grains of quinæ. sulph at once. . . . At 12 o'clock M., uterine pains began to increase in force, and the interval to shorten. . . . At 1 o'clock P. M., uterine pains so severe as to cause nausea, and recur at intervals of less than five minutes ; os uteri is well dilated and relaxed ; sac of waters well formed ; presentation " vertex left ; " skin cool and moist ; pulse 76, full and soft. . . . At 2 o'clock P. M., the " liquor amnii " escaped during a strong pain. The next pain expelled a large,



uterine action to become regular. The *why* it does so I can not explain, unless it be by reflex action of the nervous system from the part irritated by the local congestion caused by the exhausted cup. But what shall be said about quinine? Did that agent in this case stimulate? A stimulant in a full dose certainly would not make the pulse slow and soft, the skin moist and cool. Was it a tonic? A tonic certainly was not indicated with a tense pulse at 80 and a dry skin. Do tonics act thus? — so quickly? Was not the action of the quinine in this case that of a sedative? — the *sedative* produced by its exhibition causing the tissues to relax, thereby removing any obstruction that from non-relaxation did or would impede uterine action, increased by cupping, by the footbath, or by natural efforts.

In many cases of labor that I have witnessed, a full dose of the salt in question seemed to act as a parturifacient by virtue of its sedative property. All the agents of that class are sedative (see authorities), and exert their influence on and through the nervous system. So does quinine; and in my experience it proves itself to be a better parturifacient than any of the agents belonging to that class.

I might detail to you many cases, with facts relative to the use of quinine, that do seem to accord to that agent parturifacient properties. Whether I have seen these facts in a true light or not, I can not yet say. I have, however, thrown out these hints with the view of turning the minds of this association in that direction.

— Dr. B. W. Cooper wished to know whether Dr. Lewis would give such remedies under all conditions of the *os tincæ*. Dr. Lewis replied that he had never used the ergot but once in his life, and he did not think he ever would again, because of its poisonous effects on the child; but the quinine, gossypium herbaceum, and the other remedies he had enumerated in his report, he would employ, if there was a want of pains, whether the *os* was dilated or not. He viewed them as acting as sedatives or relaxants, causing the *os* to dilate, thereby bringing on the pains.

The propriety of using ergot as a parturifacient was also discussed in connection with this report. Dr. Whitsel said that when he commenced the practice of medicine in this country, twenty-five

years ago, the percentage of still-born children was much greater than it was at the present time ; the cause of which he attributed to the abuse of ergot, which physicians employed at that time to a much greater extent than at the present. Dr. Lewis corroborated his statement, and said that it was not the pressure of the uterus on the child that caused its death, but that it was the poisonous effects of the drug acting on the child through the placental circulation. He was opposed to giving it under any circumstances, as there were other drugs by which the same end could be accomplished without any danger to the child.

Dr. Whitsel read an interesting report of a case of diphtheria, which elicited a lengthy discussion concerning the pathology and treatment of the disease.

Dr. Cochran reported a case of labor occurring with a lady who had borne five or six children, and at each gestation she had violent morning sickness, but in this one she had not the least symptom of it. The child had the appearance of having been dead three or four days. It was also deformed, having no face, the occipital bone of the head being the only one formed. Its spinal column consisted of a flat bone resembling the sternum. The query was, What caused the absence of the morning sickness during this gestation, while at every preceding one she had suffered from it ?

Dr. Canady reported a case of puerperal convulsions, in the treatment of which he was compelled to bring on labor as the only means of saving the patient.

Dr. Bundy reported a case of hydatids of the liver, causing a large movable abdominal tumor.

Dr. Elder reported a case of cold abscess, occurring in the right lumbar region of a painter, who had just recovered from a severe attack of lead poisoning. The abscess contained, when lanced, about eight ounces of pus. The query was, Had the lead poisoning anything to do with the formation of the abscess ?

Dr. B. W. Cooper, of Greenfield, reported at length the following case of *cancer of the hand*, for the cure of which he amputated the arm :

Mr. J. W., of my county (Hancock), aged about 60 years, of a sanguine temperament, occupation farmer, with a healthy and vigorous constitution, but addicted to intemperance, was the subject for many years, of a hard,



him and give him my opinion as to the probable success of an amputation of the arm, as his suffering had become almost unendurable. My opinion, as given to him at the time, was that it would prove a permanent cure; that there was no particular hereditary taint, or predisposition in his system to cancer; and that I did not think his system sufficiently impregnated with cancerous matter to become a source of future trouble; and I believe that I was corroborated in my opinion by Dr. Bobbs, of Indianapolis, and perhaps others. With my assurance to this effect, he fully determined to have his arm amputated. Accordingly, on the 30th of the month, after a brief attention to recuperating the general health, we put him under the influence of chloroform, and amputated his fore arm about midway between the carpal and elbow joints. The stump did well after the amputation, healing mainly by the first intention, and at the end of about two months he apparently had a sound, healthy and well formed stump; and so continued until about the 10th or 12th of March following, some three and a half months after it had the appearance of being perfectly sound and well, and five and a half months after being amputated, when it began to inflame and swell, and take on something of an erysipelatous appearance. It is due to state here that he had for the last month, probably just preceding this date, been drinking and exposing himself a good deal, which I supposed at the time had something to do, if not the sole cause of his then trouble. I prescribed a solution of iodine as a local application; directed some mild cathartic medicine to be used to regulate the bowels, and enjoined rest and quiet, and forbade the use of any ardent spirits.

I heard nothing more of my patient until the 29th of the month, at which date he sent for me to visit him, when I found his arm, or stump, very much swollen, and the superficial lymphatics about that side of his chest and body swollen and very much indurated, the skin of natural color, or very nearly so, the general system rather feverish, tongue coated with a white or rather yellowish white coat, and bowels constipated. My treatment, as prescribed at the time, consisted, internally of the iodide of potassa, grs. viij., twice a day, alternated with the pill hydrag, grs. v., twice a day; keep the bowels regular with sulph. magnesia. Externally, I continued a strong tinct. of iodine, fomentations and poultices. This treatment was continued for a

week without any improvement ; at the end of which time, April 6th, I discontinued the pill hydrarg, it having made some impression on the gums ; increased the iodide potassa ; external treatment the same, with very nearly the same treatment continued to the termination of the case, with the addition of the chlorinated tinct. ferri, quinine, and stimulants toward the close. But notwithstanding close attention and treatment vigorously persevered in, the disease continued to advance — the superficial lymphatics becoming more and more involved, finally, I have no doubt, extending to the deep lymphatics, as there was, for some time previous to the close of his illness, distinct crepitation over at least two-thirds of his chest ; and this condition existed, too, without any of the symptoms characteristic of inflammation of the parenchyma, or substance of the lungs.

Thus the disease continued until the 7th or 8th of June last, when he died. I should have stated that the inflammation and swelling of the lower part of the stump almost entirely disappeared, some little time previous to his death.

It is also due to state that I was assisted by Dr. Duncan, of our town, in the management of the case during a good portion of his last illness.

Gentlemen, the point or query I wish more particularly to raise in this case is this : whether or not this peculiar inflamed, or indurated condition of the lymphatic system was produced by his intemperate course subsequent to the amputation and healing ; or was it produced by some peculiar poisonous or morbid cancerous matter that had been generated in the system previously ; or was it the result of both combined, or some other separate and distinct cause ? And was the treatment adopted rational, and calculated, from its therapeutical effects on the system, to relieve ? These are questions of some interest to me, and I think of some importance to the profession — questions that I would be pleased to have the opinion of the members of the profession upon.

— On motion, the secretary was instructed to forward, for publication, to the *Lancet and Observer* a copy of the proceedings of this and the preceding meeting.

On motion, a copy of the reports of Drs. Lewis and B. W. Cooper were requested for publication.

On motion, the society adjourned to meet on the first Monday in November, at 10 o'clock A. M.

### Correspondence.

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*Prof. J. H. Tate, of the "Cincinnati College of Medicine and Surgery," and his reply to a Critique on his "Cases in Obstetrical Auscultation."* By B. F. RICHARDSON, M.D., Cincinnati, O.

From the general tone of this rejoinder, we rather incline to the opinion that the author does not admire our style of criticism. We despair of pleasing him better in the future. His attempted vindication is a very fine example of what is termed the shot-gun style of literature. There is a Pecksniffian pretensiveness, an air of offended dignity and of outraged sensibilities, pervading this paper, that is rather calculated to impose upon the casual reader; but, under a little scrutiny, the mask falls, and it stands forth as an inimitable specimen of impertinence, untruthfulness, dishonesty, and unmitigated stupidity. We employ plain terms, and shall take good care to justify their use.

An individual who can wantonly, without the slightest provocation, hiss forth a vile slander against a fellow-member of the profession, justly forfeits all claim to respectful consideration, and had better reflect upon his self-abasement, clothe himself in sack-cloth and ashes, and prate less about the regard that is due from one gentleman to another. We wish it understood at the outset; that, on the score of courtesy, we have owed this individual nothing for some three years and six months past. That a person capable of such conduct as we have indicated, should, upon exposure of his gross stupidity — rail and fume, and call us ugly names, was to have been expected. But we are not thus to be intimidated, nor diverted from the real issues presented. We have charged him with having outraged the common intelligence of the profession by the publication of his article; and in attempting its vindication, he has aggravated his offense, through a process of literary vandalism upon the writings of several of our most reputable obstetricians. We fear he is one of those incorrigibles of whom the man of wisdom hath said: "Though thou shouldst bray a fool in a mortar among wheat with a pestle, yet will not his foolishness depart from him."

As we can not exactly see what our former relation to the

argument is based upon the assumption that the child was *entirely* within the abdominal cavity. To this we do not object. We shall therefore assume as a postulate, to avoid any quibbling about the wording of the first question ; that, whenever it is practicable and proper to deliver *per vias naturales*, the child being *wholly* within the peritoneal cavity ; it will also be so, where it is only "in part" within that cavity. As he rests the defense of his case mainly upon authority, to that shall we also appeal. What testimony does he present in support of the affirmative of the first question ? He quotes as follows : "The symptoms," says Tyler Smith, which denote "the actual occurrence of a rupture of the uterus are generally very marked, though cases sometimes occur in which the evidences of the accident are so uncertain that it can not be positively known until death. In some cases there is no immediate pain of a violent character, but the dangerous symptoms come on some hours, or even days, after the accident." This is the sum total of his *testimony* ; and we regret to say that in the production of even this, he has been guilty of garbling from the author, and grossly perverting the application of his language. He joins these two sentences together as though they stood thus in the text. He has skipped over, *twenty lines* of intervening matter, and has made the latter sentence do service in a way not intended by the author ! Is this honest ? Why did he not proceed in regular order after the first sentence ? Because it did not suit his purpose. We shall render him that service : "There is usually a sudden, sharp and excruciating pain, sometimes accompanied by a snap, audible to the patient, and even to the bystanders. With this there is *recession* of the head or presenting part of the child, and a *sudden arrest of the pains*." And now follows the distinctive symptomatology of such cases as he alleges his to have been : "If the laceration be extensive, the child commonly passes through it into the abdominal cavity, and can be felt distinctly through the abdominal walls. A coil of intestine sometimes passes through the fissure, and is felt in the vagina. There *QUICKLY ENSUES upon the rupture, the SYMPTOMS OF COLLAPSE*, and the matter ejected from the stomach is of a coffee-ground color, etc. There is a sudden gush of blood from the vagina, and blood escapes in considerable quantity into the peritoneal cavity." Thus we have given a portion of those twenty lines, and the reason for

their omission by this very "fair and candid" writer, becomes apparent. But he passes from testimony to mere assertion: "Now in this case I was *fully persuaded* as to the *true state of things*, and its subsequent history *proved* the correctness of my diagnosis." In reply to this, we will state that there is not one word, fact nor symptom in its entire history going to show that the child was within, or delivered from the *abdominal cavity*; for there is where he put the child by his diagnosis, and throughout his argument he keeps it there! The child being dead, as he says it was, it is highly improbable that it crawled back into the uterine cavity subsequently to his illustrious retreat at 12 o'clock that night. We challenged him to produce from the literature of obstetrics the equal of this case. Did he do it? Not at all. Was the field for exploration too limited? Certainly not, for there are very many cases on record where the symptoms and conditions are given in detail. We desire to see the record of a case where, for twelve hours or more, after rupture of the *uterus* with escape of the child "in part or in whole into the abdominal cavity," there has been an entire absence of each and every symptom characteristic of *that description* of accident. We are not left in the dark as to the proper mode of interpreting his article, for he says: "As there is *nothing said* about *hæmorrhage*, *collapse* or *vomiting*, a fair-minded critic *would have inferred that there were none.*" Does he mention these or any other of those prominent symptoms, some of which at least so invariably attend this description of that accident? He does not. Therefore, being fair-minded, we are authorized by Prof. Tate himself, to declare, that there were none present, so far as his knowledge of the case extended! But further, he has securely provided against any unwarrantable inference on this count, for he has stated her condition from time to time up to a *post partum* period, and it was directly the reverse of that which obtains where hæmorrhage, collapse, vomiting, etc., supervene.

Having disposed of this proposition, we shall pass to the *second*. What was Prof. Tate's conduct in, and treatment of his case? Was it the result of his judgment, or of circumstances entirely beyond his control? We shall prove that it was the former. He first saw the patient at 4, and again at 7 o'clock p. m., at which latter time he made the following diagnosis: "*The*

*child was evidently dead, and had escaped through a rent in the uterus, in part or in whole, into the abdominal cavity."* After making this diagnosis, he continued with her for *five* (not *four*) hours, without even attempting her delivery, and then coolly "concluded to leave the case until morning!" Yes, after determining an accident "of the most formidable nature," in its most formidable form, he deliberately abandons the subject of it to her terrible fate, whilst he goes home to take a comfortable nap. Nero played the fiddle whilst Rome was burning! After voluntarily absenting himself for four hours, sagely supposing himself "quite able to determine whether she would be likely to *sink*" during that very *brief* period, he returns to her, *unprepared*, even then, so far as we are informed, to relieve her by gastrotomy, had she have required it. However, this should not excite our astonishment, for it would seem, from his last paper, that he was undecided whether to deliver by gastrotomy, or leave the case to nature; for "*menstrual blood in the matrix*" and *bullets in the chest* sometimes remain a long time without exciting inflammation! Then why not—a child in the peritoneal cavity? The similarity of the three conditions is very striking! But we shall see that his course was in strict accordance with his views in such cases. We quote from his first article: "When it [the child] has escaped into the abdominal cavity, the Cæsarian section affords the best chance for the mother's recovery." Again, from his rejoinder: "Where the pelvis is too small, where the soft parts are rigid and undilated, and where the presenting part of the child can not be felt, *delivery through the pelvis is not to be attempted*. The same is true *where the child has escaped into the abdominal cavity*." Under his diagnosis, therefore, there were but two alternatives in his case—gastrotomy, or leaving the case to nature. Further, in accordance with this doctrine, what matters it whether the pelvis is too small, the soft parts undilated, or the presenting part is to be felt or not? The child being in the abdominal cavity, "*delivery through the pelvis is not to be attempted*." Again, what difference does it make whether one or ten hours have elapsed after the child has escaped into the abdomen. This event precludes "*delivery through*" as completely after ten minutes as after ten *hours* his doctrine. We shall now present his *authority*

"Says Meigs : If some hours have elapsed subsequent to the occurrence of the accident ; if the woman be already *much exhausted by hæmorrhage, by constitutional shock and irritation*," etc. "*The hæmorrhage will now have been stayed*. . . . To pass the hand through the rent, should it be in the *vagina*, would be to *set the hæmorrhage on foot again*. It would be *impossible* afterwards to pass the hand through the rent in the uterus," etc. Now what application can be made of this to his case ? Was there hæmorrhage in his case ? No ! Was his patient "much exhausted by hæmorrhage, constitutional shock and irritation" ? No ! Was it "impossible to pass the hand through the rent" and deliver through the pelvis in his case ? He shall answer : "At 4 o'clock in the morning I returned to see my patient, and found her *quite comfortable*, but learned that during my absence another practitioner had been called in, *had introduced his hand, had turned the child, and had delivered it by the feet*." We suppose that is decisive. But he cites a case from Meigs, wherein that author expresses a preference for gastrotomy, rather than repeat his procedure in a like case. We should think he would, after having performed cephalotomy within the abdominal cavity through the rent, the child having been there for twenty hours, and then, "with his embryotomy forceps, use *all the force* which it was *possible for him to employ* in drawing it away," etc. He very properly denominated his procedure a "*rude operation*." How unlike Prof. Tate's case, in which he "makes no doubt" delivery "was well and kindly performed."

But he presents another authority :

"Says Cazeau\* : When such a manœuvre (delivery by the natural passages) is *impossible*," etc. That is entirely sufficient. That *last word* is a settler. The author presents a hypothetical case, when delivery by the natural passages is *impossible*, upon which Prof. Tate remarks : "Here a case is described *exactly such as we encountered* — the child dead and in the abdominal cavity, and the *hæmorrhage arrested*," etc. Was delivery through the natural passages *impossible* in his case ? And when did hæmorrhage occur, and when was it arrested ? Does he not call us to account for even doubting, as he erroneously supposed we did — that hæmorrhage was not present in his case ?

In his reference to the patient of Dr. Fries, the gentleman

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\* Prof. Tate spells Cazeaux without the s.

exhibits that same disregard for truth which so characterizes his paper throughout. Her "vital forces" were such, upon the arrival of Dr. Fries, that neither he nor the two physicians in attendance had reason to expect that she would survive the immediate effects of gastrotomy, which he immediately proceeded to perform, after finding delivery *per vias naturales* impracticable — the head *alone* remaining, and that in the abdominal cavity. Beyond all expectation, she finally recovered. No opinion was formed as to *when* the rupture took place. Nor was there any *delay* in the case, for efforts at delivery were at no time suspended, except temporarily. This same woman was, on the 18th of October last, again delivered by Dr. Fries, gastrotomy having been performed soon after rupture, with escape of the child into the abdomen; delivery through the pelvis having been found impracticable. She survived but six or seven hours.

But we are told that rupture of the uterus is an accident "which almost always terminates fatally." And that, "It was doubtless this want of success under *any method of treatment* which induced Hunter, Burns and Denman to declare that *all such cases should be left to nature.*" Again, we are informed that the "judicious Ramsbotham would have hesitated — would have left much to the judgment of the practitioner." With these reckless assertions, and the quotations we have given, the gentleman rests the affirmative of the second proposition. We shall now turn to that "collection on Race street," and see whether his conduct in and treatment of his case was proper and defensible, and in accordance with the uniform injunctions of obstetrical authorities. We shall commence with those to whom he has himself referred.

BURNS: "We have instances of all these methods being successful (Cæsarian operation, delivery *per vias naturales*, and leaving the case to nature); but the delivery by turning the child, or otherwise (forceps or crotchet), has advantages over the other modes, and *certainly ought, with scarcely any exception*, be resorted to. When the os uteri is dilated before the accident takes place, as is *usually the case*, and the hand can, without much difficulty, be introduced, it is to be passed through the os uteri, and the *rent in the uterus, into the abdominal cavity*, in search of the feet, which are to be brought down, and the case managed in the



same way as in presentations of the feet." He also expresses the belief "that in *most* cases of ruptured uterus, delivery will be found to be practicable."—(Eighth London edition.) So much, then, for Burns ; and now for

DENMAN : "What might be the sentiments of former practitioners, *is not to us very material.*" And after alluding to the case of Dr. Andrew Douglas and others, he proceeds : "If no other case had been recorded, this would be of *sufficient authority* to render it *in future* the *duty of every practitioner* to *attempt without delay* to deliver the patient, and bad as her chance certainly would be, to be *strenuous in using all means which the art dictates*, to extricate her, *if possible*, from her imminent danger, and to preserve the child." The advertisement to this edition (fifth London) was signed by Denman, November 1st, 1815. He died just twenty-five days thereafter. Thus it appears that *Burns* and *Denman* do *not* "declare that all such cases should be left to nature." Since the publication of the monograph of Dr. Andrew Douglas, in 1785, no reputable obstetrical author has advised that these cases should be left to nature, except where the patient is in *articulo mortis*. Wm. Hunter died two years anterior to its appearance. As he advised us to leave all breech deliveries "to nature," and also the expulsion of the placenta — by which latter course he lost five women of rank in one year, — the subsequent experience and observation of the profession justifies us in receiving his advice, in these several directions, with "a few grains of allowance."

But we are informed by Prof. Tate, of the "Cincinnati College of Medicine and Surgery," that the "judicious Ramsbotham would have hesitated" in such cases. We shall see :

"TREATMENT.—There is *but one mode* of practice, however, that offers the *least chance of life*, and that is *speedy delivery*. The instant I knew the accident had occurred, I should proceed to extract the child — provided delivery could be accomplished — as being the most likely way to save the mother and the only means to preserve the infant. If the head has entered the pelvis, and has not retreated so that the long or short forceps can be used, the child may be extracted by their agency. But we generally find that it has receded beyond the reach of that instrument ; and we must *then introduce the hand into the uterus, follow*

*the child's body through the rent made into the abdomen, if it have escaped, search for the feet, draw it by this means back through the same opening into the cavity of the uterus, and extract it per vaginam.*" Call you that hesitancy? Now for the "highest obstetrical authority in America :"

MEIGS : "Should the laceration have permitted the child to escape at once into the peritoneal sac, *let the attendant lose no time*, but bare his arm, and *resolutely*, with his hand *passed through the rent*, explore the abdomen in search of the feet, which he should immediately withdraw through the opening of the laceration." We will remark that this ends just where Prof. Tate began with his quotation !

CAZEAUX : "But if the presenting part is high up, and the hand or instrument can not get a sufficient hold upon it, it will be necessary to search through the fissure after the feet, and bring them down into the vagina." Again : We ought "to go after the feet in the ventral cavity, and bring them back through the lips of the wound, the neck of the uterus and vagina, and thus extract the fœtus by the natural passages."

TYLER SMITH : "The *greatest chance of safety* is given to the woman by *immediate delivery*. If the child has passed *entirely* or *partially* into the abdomen, the hand should be introduced and the feet drawn down, and *delivery effected as promptly as possible*."

CHURCHILL : "When the os uteri is undilated, *instant delivery* may be *impossible* : but in *all cases* where it is *possible*, the *testimony of experience* is in favor of *immediate delivery*." Again : "If the child have escaped into the *cavity of the abdomen*, the hand must be introduced into the vagina, and, *if practicable*, passed through the laceration, and the feet seized and brought down, so that the child be extracted through the rent."

VELPEAU : "The extraction of the child *per vias naturales* should be *attempted* wherever *there is a chance of success*."

LEE : "If the child has passed entirely from the cavity of the uterus into the peritoneal sac, an attempt should be made without delay to extract it, by introducing the hand into the cavity and through the rent in the uterus, grasping the feet and drawing the child back into the uterus, and deliver as in the common operation of turning."

GOOCH : "If laceration has taken place, and the ha-

senting part is receding, you must deliver as soon as possible by searching for and bringing down the feet."

DEWEES : "When the nature of the accident is ascertained, it behooves us immediately to attempt the relief of the unfortunate woman ; and the means for this purpose are : *first*, to attempt delivery *per vias naturales*."

COLLINS : "When the child has escaped out of the uterus, it is now the *general practice, and undoubtedly the best*, cautiously to introduce the hand through the lacerated parts into the cavity of the abdomen, and bring down the feet without delay."

We could go on and cite precisely similar injunctions from Chailly, endorsed by Bedford ; Blundell, by Castle ; Rigby, Jewell, Moreau, Scanzoni, Kilian, and other modern authorities ; with even Philippe Peu of the seventeenth, and De la Motte of the eighteenth centuries ; but we deem it entirely unnecessary. We have presented twenty-three authorities against his "views and conduct in the management of this case of ruptured uterus ;" twenty-one of them being modern—including our highest obstetrical authorities.

It is now an axiom in obstetrics, resolved from the experience and testimony of the profession, for the last three-quarters of a century ; that, where rupture of the uterus occurs during labor, *with or without* escape of the child into the abdominal cavity, delivery shall be attempted — *per vias naturales*, either by turning, crotchet, or forceps. And, until its impracticability by either of these modes shall have been determined, the alternatives of gastrotomy, or leaving the case to nature, are not to be considered. When, however, it is found that delivery *per vias naturales* is impracticable, it then becomes the duty of the physician to resort to gastrotomy *immediately*, unless the patient is in *deep collapse* or *moribund*. And these are the *only* conditions under which ~~delay~~ is justified by obstetrical authority ; and in the former only until it can be remedied, if remediable. *Neither* of these conditions were at any time present in his case anterior to delivery. So, that even had gastrotomy have been the appropriate remedy, his voluntary *abandonment* of her for *four long hours*, was *cruel* and *culpable* in the extreme, and justified by no obstetrical writer for the last seventy-five years !

Is it not a matter of astonishment, that in the noon of the nineteenth century, any one should seriously discuss the proposition

of leaving to nature a case such as he describes his to have been? Yet Prof. Tate, of the Obstetrical Chair in the "Cincinnati College of Medicine and Surgery," devotes nearly a page to the *grave* consideration of that alternative, as appropriate to his case. For he seeks, by analogical reasoning, to justify the indefinite postponement of gastrotomy, in it and similar cases; which is the equivalent of "leaving them to nature." We may feel thankful that this was not followed by a dissertation upon the moral and intellectual condition of the inhabitants of the Feejee Islands.

As to his third case, we have nothing to add in the way of criticism. We entirely agree with Prof. Tate, of the "Cincinnati College of Medicine and Surgery," that "the narrative indicates as plainly as anything could," that, *after* he had diagnosed *twins*—full and continuous ergotism having been produced by the administration of half an ounce of the drug, in divided doses, and delivery not having been effected for some *four* hours thereafter; the birth of two children, one *dead* and the other *not alive*, was to have been expected, and was undoubtedly "a circumstance entirely beyond his control"—*at that particular time!* There was one important fact connected with this case, strongly confirmatory of his diagnosis, if he can answer our interrogatory in the affirmative. We are told that the second child at birth—though its "heart had ceased to beat"—"*was quite warm.*" With due regard for the gentleman's acute sensitiveness, we would respectfully inquire, whether the first one, when delivered, — *was cold?*

Prof. Tate, of the "Cincinnati College of Medicine and Surgery," attempts to be facetious over a paper of ours, entitled "Breech Deliveries and their Management," which was read before the Cincinnati Medical Society, December 2d, 1856, and published in the *Western Lancet*, January, 1857. Its discussion occupied two regular meetings of the society, during which, we vindicated it against a professional gentleman of this city, whose argumentative powers are considered rather superior to those of the gentleman in hand. We do not, therefore, choose, at this time, to enter upon its defense against his very learned, truthful and witty effort. In this connection, however, we wish to make a suggestion to Prof. Tate, of the "Cincinnati College

cine and Surgery." When you put a person between *quotation marks*, do not omit, substitute, or deliberately *add* words that essentially pervert the meaning of the writer. In your paper there are four instances of this trick — the result of either dishonesty or ignorance. When applied to articles not before the reader, it is a *species of forgery*, quite troublesome to manage!

Prof. Tate is very much exercised in regard to our alleged non-contribution of the "well observed facts of the profession," and under the pressure of his anxiety, gives us another specimen of his reckless disregard of truth. To ascertain "how large a contributor" we have been, he remarks as follows: "We have been *compelled to look over* the journals which have been published since he came among us. In them we have found several articles coming from his pen; but, notwithstanding the immense field of his observation, *not a single reported case of his own appears!*" Well may he terminate that sentence with an exclamation. We refer the reader to the *Western Lancet*, page 367, year 1850. Also page 369, same year. Again, page 99, 1851. And again, page 645, 1859. Five cases will be found reported in detail; which is probably as many as he, himself, has contributed. Is it *safe* to rely upon any statement which the gentleman may make; and is it probable that the *facts of any case* can be arrived at — he being the narrator?

"Whoso diggeth a pit, shall fall therein; and he that rolleth a stone, it will return upon him." Goaded by the merited severity of our criticism, and writhing under the scathing rebuke therein administered, the gentleman goes entirely out of the record for the purpose of assaulting us, as he admits, in our private professional capacity, by *reproducing* a villainous charge, which he commenced bruiting about on the day after the occurrence to which he alludes. This libelous accusation was originally coupled with a *penitentiary innuendo*, which even found its way into his manuscript (for he entertained his friends with the reading of this brilliant effort), thereby implying in the same breath — *ignorance*, and yet a *criminal knowledge!* But through some one, who stinted his kindly office, he was advised to omit this portion alone; when, for his own sake, it will be admitted, it should have extended to his whole paper. The very *manner* in which this charge is presented, shows it to be reckless and ma-

licious in intent; and we now publicly brand the *matter* of it, as *false* in *each* and *every* particular—not having the redeeming quality of a *single truth*. Again: the substitution of “encephaloid” for “fibrous” tumor, in the part played by *that* house-physician, indicates the interposition of a suborned pimp, who doubtless finds this highly honorable individual a fit and congenial associate. The peculiar wording of this part of his paper points unmistakably to the source from whence it came. That this person should have been a party, gratuitously, to such a gross and dastardly perversion of the *facts* in this case, which are so well known to himself, and a large number of our most intelligent physicians, is to us a matter of extreme surprise; and for the sake of a better opinion of human nature, we hope that we are mistaken in an inference so irresistible. We do not feel at liberty to bring the professional conduct of other gentlemen into court, who have no part in this controversy. Prof. Tate mistook his man when he thought to excite us to such a course in view of our own vindication. It stands in need of no such means. We differ widely in our appreciation of such matters. Governed by such views, the gentleman has reason to be thankful; that, having himself opened the doors of the Commercial Hospital, we are indisposed to go in and expose the *record* of of that institution.

It is well known that the circumstances and facts connected with the case to which he alludes, entirely excluded the idea of pregnancy, at the time we saw it, which was on the 1st of June, 1857. Our ignorance of that fact was participated in by the following medical gentlemen, who had examined her at different times—some of them more than once: Dr. Tripler, U.S.A.; Drs. Holt, Temple, and others, of Covington; Drs. Dandridge, Foster, Dodge, Carroll, Muscroft, Greenwald, Bonner, Fries, and others, of this city. She had been under the care and treatment of Prof. Blackman, for several months prior to the time at which we saw her. Up to the hour of her abortion, which occurred on the 2d of June, 1857, not one of these gentlemen had ever hinted at pregnancy in connection with the case. The professional intelligence and circumspection of those whom we have named, will not, we presume, be called in question in this community—even by Prof. John H. Tate. But what shall

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impudence and audacity of this man, when we state that we are prepared to *prove* that he, himself, whilst "illustrating the value of obstetrical auscultation" to his class, examined this *same woman* more than once, with direct reference to the question of pregnancy, and as many times pronounced her *not pregnant*, although she was then in the fourth month of gestation! Relying upon the "certainty of such an examination," there was no occasion for him to shock his "delicate and refined" sensibilities, by a resort to the "disgusting *touche* and *ballottement*."

There is a remarkable coincidence connected with this case. Her impregnation — which took place after her entrance into the hospital — occurred during the supervision of the female department by Prof. Tate, *now* of the "Cincinnati College of Medicine and Surgery." After her abortion — which was at the fifth month — she declared that its paternity attached to one of the physicians connected with the institution. We never learned which one it was!



BOSTON, MASS., November 8, 1860.

MESSRS. EDITORS:—Yesterday the opening lecture before the Medical School of Harvard University was given by Dr. J. B. S. Jackson, lecturer on Morbid Anatomy. He took for his subject, "The changes in Medical Science since 1825;" that being the time when he entered the profession. He spoke of medical science as not being "*exact*," or perfect; but that within a few years many additions had been made in the perfection of the healing art. Among the new diseases discovered, Bright's disease, leucocythœmia, and Addison's disease of the supra-renal capsules, were named. The anatomical changes in the intestinal canal, in typhoid fever; the perfection of diagnosis in determining organic from functional disease; the results in the treatment of tuberculosis; the advances made in surgery; new modes of operating and dressing fractures; cure of deformities; the better understanding of the structure, history, and nature of tumors; the progress made in the treatment of diseased joints; and the more thorough acquaintance with the laws of syphilis,—were all adduced as improvements in medicine, during the lecturer's medical experience. Therapeutical remedies were next considered.

The combat being more with the disease than with the disease and drugs together. Still he would rather *give up the profession than remedies*. In claiming what improvements had been made here, of course ether was considered as *the* real "Boston notion," and destined to supplant the use of chloroform. The discovery of the cephalic sound, by Dr. Fisher, and the experiments upon M. Groux, in determining the heart's action, were also noticed. The introduction of the numerical method by Louis, and the practical value of the microscope, claimed the lecturer's attention. Boston, he claimed, originated the opposition to over-medication,—not Homœopathy, but rational medicine. He spoke of medical association in teaching, and the diffusion of medical knowledge by well conducted journals; and of the errors handed down to us, which must be eradicated in the perfection of our noble science. The names of many graduates, who distinguished themselves in the profession, were honorably mentioned. Such is an imperfect synopsis of the subjects treated by the lecturer. The lecture term commences with about two hundred students.

At an adjourned meeting of the Massachusetts Medical Society, in October, the vote passed at the Annual Meeting, disclaiming all responsibility for the sentiments contained in the annual address, by Dr. Holmes, was reconsidered; and it was voted, that the Society does not consider itself as having endorsed or censured the opinions advanced in former published addresses, nor will it hold itself responsible for any opinions or sentiments advanced in any future addresses, and that this statement shall be printed at the commencement of such annual addresses that may be published hereafter.

Dr. Acland, who accompanied His Royal Highness, the Prince of Wales, on his tour in America, whilst in Boston visited the Massachusetts General Hospital, and made an inspection of the Institution. He was particularly interested in visiting the room where ether was first used, and in meeting the surgeon who operated for the first time upon a patient under the influence of this new agent.

The Massachusetts Charitable Mechanic Association have just awarded to Palmer & Co., of this city, a splendid diploma, for the *best artificial legs*. This company have already received between fifty and sixty medals and diplomas, as awards in this branch of mechanical surgery.



At the last annual meeting of the managers of the Boston Dispensary, the Superintendent, Dr. J. B. Alley, reported that the whole number of patients for the year was 15,813; of these 7746 were prescribed for at the central office. 8067 patients were treated at their homes; of this number, 7,480 were discharged cured or relieved, 229 were sent to the hospital, and 323 died. The whole number of prescriptions dispensed from the office was 37,343. The average daily applications of persons at the central office was  $57\frac{1}{2}$ . B.

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PHILADELPHIA, PA., November 18, 1860.

DR. E. B. STEVENS:—I thought to give you some medical items from the city of Brotherly Love, as I happen to be here looking around among the great institutions of this city. In the first place, I am attending the course in the Jefferson Medical College, and I am also visiting the hospitals,—the Blockley, which is nearly as large as “all out of doors,” and the Pennsylvania Hospital, which seems to be a model one for cleanliness and nicety of arrangement. It is under the service of Dr. Gerhard, in the medical department, and Surgeon Norris, in the surgical department. These men have some reputation,—Gerhard by his writings and teachings. He is not a man that would impress you at once as being a great man, but one rather too negligent in his dress, and not calculated at first to make a favorable impression. Dr. Norris is a fine, large, good-natured specimen of the genus *homo*. He is a good surgeon, and does business up with despatch and order. The surgeons and physicians of the Blockley are younger men, and perhaps more ambitious and energetic. First, Dr. Ludlow, in the medical department, is a fine looking man, rather delicate in physical organization, but would be a good lecturer, if he would cultivate his voice. The greatest difficulty in going into these institutions is, that the lecturers do not talk loud enough, so as to make their voices fill the amphitheatre. There is nothing which recommends a public teacher so much to a class as to be plainly and distinctly heard. We saw in Ludlow clinic some very fine pathological specimens, recent, showing us very finely the different stages of disease, in its progress, which it is highly important every medical man should become familiar with. The different stages of grey and red hepatitis in the

lungs, and a case of laryngitis and tracheitis, with the false membrane in situ, showing the condition of the mucous membrane, with points looking very much like fine points of ecchymosis.

Dr. Hayes Agnew is surgeon to the Blockley Hospital, and is a very fine lecturer, and seems to be very familiar with his subject. He gave an admirable clinical lecture on syphilitic disease, with many fine illustrations of the disease, and giving us the idea that all forms of scrofulous disease had their origin in this form of disease. And also, I find what is perhaps somewhat a startling or novel sentiment, held by the venerable and distinguished Dr. Mott, of New York; that to his mind the conviction was irresistible that leprosy was the great progenitor of both syphilis and struma, and that they were, all three, essentially the same disease. While traveling in the East, where leprosy obtains, he found the analogy sustained in many essential points. Let this question be investigated. I have always believed that nearly all the scrofulous disease propagated through the world is the remote and lineal descendant of syphilis. Just think of it! God save the people, and have mercy on them, for they will not have mercy on themselves!

RICHMOND.

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EAST FAIRFIELD, OHIO, September 22d, 1860.

MESSRS. EDITORS:—In looking over the last number of your valuable journal, I was very much interested with a case reported by W. Thomas, M.D., in the *London Lancet*. As I have had a case somewhat similar, I have concluded to report it to the readers of your journal:

On the morning of the 8th of June last, about one o'clock, I was called to see Mrs. H. N. L., who was then in labor with her second child. She had been pained from 9 o'clock, P. M. On my arrival I found the pains frequent and strong, as in the second stage of labor, although the head was not fairly engaged in the superior strait. The head presented in the first position, (Dr. Meigs.) Owing to the condition of the soft parts, and the strength of the pains, I diagnosed a speedy delivery, and in less than thirty minutes the "child and placenta which came away with it, were enveloped in a complete and impervious sac, that I ruptured in order to disengage them." The child being

cate female, weighing only three pounds when dressed, I gave the friends poor encouragement as to its living many days. I left the patient in the course of two hours after the termination of the labor; she seemed as well at that time as any woman I ever waited upon. About 10 o'clock the same day, I was summoned in haste to see her. When I inquired of the messenger what was wrong, he answered, she had fits. I hastened to see the patient, and having but a short distance to travel, I was soon at her bedside, and found the patient, whom I had left so comfortable some hours before, in convulsions. I proceeded as quickly as possible to bind up the arm, and opened the median cephalic vein, and bled her some 40 oz., (during the time she was bleeding she had two convulsions,) put her on  $\frac{1}{2}$  gr. tart. ant. et potassa, [every hour, and applied a large blister to the back of her neck and sinapisms to the extremities. Dr. Cary, of Salem, saw the case that evening, in consultation. We continued the above treatment for some days, and had the satisfaction of seeing our patient recover. Some two weeks previous to her confinement she became anasarcaous, (her whole body and extremities being swollen). Whether this would have anything to do with the convulsions I am unable to determine. I would like very much to have the opinion of some of my elder brethren on the above. The child is doing well.

Some of our physicians around here claim puerperal convulsions to be common among lying-in women, and not dangerous. All the works that I have read consider them dangerous.

Yours truly,

C. P. O'HANLON, M.D.

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*Dr. Husband's Method of Vaccination.*—The following note from our friend, Dr. Gans, was received some time ago, but was lost or mislaid.—Eds. L. and O.

MESSRS. EDITORS:—By refering to the Proceedings of the Medical Convention of Ohio, held at Columbus in the year 1837, and published in the *Western Medical Journal* of 1838, it will be seen that I laid before that body some capillary glass tubes for the preservation of the vaccine virus, identical with those used by Dr. Husband, and accompanying the same with some remarks

similar to those made in the article in the October number of the *Lancet* about Dr. Husband's method of vaccination. That method is consequently not a new one. I have used those tubes since the beginning of my practice (1850), and even now have some filled with vaccine virus in my possession.

CINCINNATI, Nov. 22, 1860.

D. S. GANS, M.D.

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### Reviews and Notices.

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**THE PRINCIPLES AND PRACTICE OF MODERN SURGERY.** By ROBERT DRUITT, Licentiate, etc., etc. A new and revised American edition, from the eighth enlarged and improved London edition. With four hundred and thirty-two illustrations. Philadelphia: Blanchard & Lea. 1860.

This is a new edition of a work which has been before the profession for a number of years, and if the number of editions is any criterion, it is one which has met with an amount of success such as medical books only rarely do.

We must confess that we never have had a very favorable opinion of the former editions of this work, that we have looked upon it as one of little merit indeed. Often have we wondered to find it in the hands of so many students as the only guide in their pursuit of surgical knowledge, upon the recommendation of their teachers. To our mind it was a work too full of deficiencies, too superficial, for one bearing the comprehensive title, "The Principles and Practice of Surgery." It has the appearance of a manufactured book,—gotten up, as mechanics would say, *by the job*, by a man of extremely moderate experience in the principles as well as the practice of his subject.

This new edition is said, on the title-page, to be an improvement on the condition of the former, and that this is truly so, we find by comparison.

The author, in his preface to this eighth edition, says: "In the chapter on Inflammation, which is entirely new, I have endeavored to present the facts in a modern practical guise, stripped of the formal Hunterian phraseology. Pyæmia and Phlegmatia alba dolens are removed fr  
on the  
Veins, and are treated of in their natural

and diffused Inflammation. Due notice has been taken of the use and abuse of caustics in the treatment of Cancers. The arrangement of the chapters of Injuries has been altered so as to give due prominence to the comparative safety of subcutaneous injuries. The whole chapter on Gun-shot Wounds has been written afresh and very much enlarged, from materials kindly placed at my disposal by Mr. George Lawson. The chapter on the Eye has again been most kindly revised by Mr. Haynes Walton, whom I have, besides, to thank for the pictorials for a section on the Ophthalmoscope. The treatment of Amblyosis by forcible extension; and of Syphilis by fumigation; the recent improvements in Ovariectomy, and in the treatment of vesico-vaginal fistula; the radical cure of Hernia; and the subject of Chloroform, and the too frequent deadly results of its administration, may be mentioned as having received special addition or improvement, whilst in the last chapter I have taken pains to bring into small compass the latest and best information on Excision of the Knee-joint."

We have examined these changes just mentioned, and concur with the author that they are improvements. But there is still room for improvement, which our author, we hope, will see by the time he is called upon to superintend the publication of the ninth edition.

In the condition in which we find this last issue, we feel justified in recommending it to students as a *vade mecum* between the lecture hours.

For sale by Rickey, Mallory & Co., Cincinnati. Price \$3.50.

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AN ELEMENTARY TREATISE ON HUMAN ANATOMY. By JOSEPH LEIDY, M.D. Prof., etc., etc. With three hundred and ninety-two illustrations. Philadelphia: J. B. Lippincott & Co. 1861.

This book on Anatomy is all its title claims, and does great credit to its distinguished author. It is written in such clear and simple style that it becomes a pleasure to read it. The text is stripped of the torrent of names which precede, generally, in other books, the description of each single anatomical part, and through which the student has to wade to reach a point where he can exclaim with the student in Göthe's Faust, "There's sense in that! one sees the how and why!" How-

ver, also, the lover of a classical nomenclature can be satisfied, as the most jaw-breaking names, of Latin, Greek, or all possible origin, are to be found in notes at the foot of every page.

We always have advocated a simplification of anatomical nomenclatures, and, therefore, hail with joy the appearance of a work in which the author shows, in every line, that he is not ashamed to tell what he knows about his subject in plain and sound English.

This treatise of Prof. Leidy will be a pleasant companion to the student, one which will be preferred to any of its fellows now in demand.

For sale by Applegate & Co., Cincinnati. Price \$5.00.

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### Editor's Table.

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*End of the Year.*—The issue of this number of our journal closes up the editorial work of another year. In this connection we have but little to say. As journalists we have not sought alliance or friendship with any party, or special influence, consulting only our own self-respect, and our duty to the profession. It is quite possible we may have come short of this standard in many instances; if so, we shall only hope and strive more earnestly and assiduously for the future. We desire to improve this occasion to return our acknowledgement to the friends of our publication, for the innumerable manifestations of kindness, good will and support that have been exhibited in the past; and we hereby solicit their continuance. We may be pardoned also for calling attention at this time to the character of this journal. We happen to know that very few journals in America have so large a number of working contributors,—very few that present so large a mass of original matter. It is therefore very truly and emphatically the organ and representative of the profession in this central valley of the Union. We can assure our readers that no reasonable expense is spared in the publisher's department, and such as it is our readers themselves will bear witness to the editorial work that has been put on the journal. In both these particulars we

rements to do still

better for the next year than we have in the present. Again, particularly in the combined Cincinnati and Cleveland editions, there are certainly very few medical periodicals in this country that equal its circulation ; and yet, satisfactory as this is to ourselves and our friends, we believe we might and ought to have that circulation at least doubled at once, and that, too, without infringing upon the interests of any other publication. May we not ask our subscribers to aid us earnestly to this end ? This is a common interest : the journal belongs to the profession, and its hearty coöperation, in giving to us greater stability and financial strength, will be very abundantly returned, by our being thus enabled to afford an increased amount of matter, and to carry out various other desirable improvements. *Look at our club inducements, and then go to work in earnest*, and at once, to get up new subscribers — so that we may have their names, if possible, before the issue of our January number.

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*The Long Island College Hospital. — The Facts.* — Just as we were mailing our November number, we received the following letter from Dr. T. L. Mason, president of the collegiate department of the Long Island School. We regret very much that it did not reach us before our last number went to press ; we, however, give it entire, and with pleasure, as an act of justice to the Long Island College School.

It fully justifies this school in graduating the gentleman from this city (Cincinnati). It is as well, however, to state that we wrote Dr. Mason — September 20th, — giving the name of the gentleman, and the understanding of the matter in this city. If it had been possible for Dr. M. to have answered our letter, two of our New York cotemporaries would have preserved their temper, and saved themselves from the use of a great deal of very offensive language toward us concerning this whole matter. But to the letter, bearing date, Brooklyn, October 26th :

“Your letter of September 20th is before me. I beg you to accept my apology for the delay of my answer. I have been quite ill, and so engaged as to task to the uttermost my strength, and occupy all my working hours. I feel, moreover, in less haste to reply, inasmuch as I presumed that Dr. O’Leary was in the receipt of a certificate from Dr. Dudley, the Registrar of our College, in which the facts connected with his graduation were

correctly set forth, and feel assured that he would show it to you. I will, however, repeat here that Dr. O'Leary presented to the Council a certificate, sworn to before a *Commissioner of Deeds*, and signed by him, testifying that 'he had been studying medicine for the past three years, with Drs. Blackman and Clendenin, of Cincinnati,' and he also presented a certificate from Dr. Blackman, Prof. of Surgery in the Medical College of Ohio, stating that Charles O'Leary 'had been in his office for nearly a year,' and highly commended him *as a student*, and 'as a gentleman most highly esteemed.'

"You will, I think, admit that the authorities of the Long Island College have exercised, in this case at least, the ordinary caution practiced by any of the Medical Colleges of the country. The course pursued in the case of Dr. O'Leary was that pursued toward every applicant for the degree of M. D. : no student having received from us that degree, without full evidence, by certificate or affidavit, or both, that he had complied with the law of the State of New York, which requires *three years'* study, and two full courses of lectures in some regularly organized Medical College. Trusting that this brief statement will convince you that you ought to make the 'amende' which you very honorably and promptly offered to make, should the facts prove the charge contained in your last issue to be incorrect."

In addition to this we find the following affidavit in the *American Medical Times* of November 17th :

STATE OF NEW YORK, COUNTY OF KINGS, } ss.  
CITY OF BROOKLYN.

On the eighteenth day of July, A. D. 1860, before me, personally, came Charles O'Leary, to me known, who being by me duly sworn, did depose and say, that he resides in the city of Cincinnati, in the State of Ohio, and that he has been studying medicine for the past THREE YEARS with Drs. Blackman and Clendenin, of said city of Cincinnati.

(Signed)

CHAS. O'LEARY.

Sworn before me, this 18th day of July, 1860.

JOHN STEWART, Comm'r of Deeds.

This, then, is the evidence on which Dr. O'Leary received his degree. Now let us give the ground of *our—in fact, the understanding* in this city, of the time Dr. O'Leary studied medicine, which prompted the first article on this whole matter in our September number.

We, therefore, present the following letter from Dr. Clendenin,



formerly Demonstrator of Anatomy in the Medical College of Ohio, and according to the *American Medical Times*, "the first preceptor" of Dr. O'Leary, who, being absent in Europe at the time of his graduation, has returned, and is now in this city :

*Editors of the Lancet and Observer :*

According to your request that I should inform you whether Dr. Charles O'Leary had ever been a student of medicine in my office, or dissected with me, I have to say that Dr. O'Leary never was a student of medicine in my office, nor did he ever dissect under my instruction. In 1858, during the months of March and April, I gave a course of Anatomical Demonstrations, which Dr. O'Leary attended, at the same time that he was a teacher of Chemistry at Mount St. Mary's College. This is the only instruction Dr. O'Leary received from me. While he was in attendance on my Anatomical Demonstrations, I entertained the opinion that he was studying Anatomy as an *amateur* only, and not with any view of studying medicine; so that I did not examine him as I did the other members of the class. WM. CLENDENIN, M.D.

We may add that this is not the only certificate we can produce on this matter. One word now in relation to a matter mentioned in Dr. Mason's letter. We asked Dr. O'Leary previous to our October issue for a copy of the certificate of study he furnished the Long Island School, for publication; but he did not furnish it. We were anxious to publish it, as it was thought by some that we were doing him injustice. A few days previous to putting our November number to press, he handed us the following letter from Dr. S. P. Bonner, which we did not publish, for the reason that we did not understand it to be the certificate he furnished the Long Island College.

CINCINNATI, October 16, 1860.

I wish to state that Charles O'Leary, M.D., has, to my knowledge, been studying medicine in several branches for at least six years. Two years ago last spring, I furnished him with works upon Anatomy, Physiology, and Surgery; before that time he had been studying under Drs. McNeal, of Ohio, Aikin, of Maryland, Doremus, of New York. He also studied Anatomy under Dr. Clendenin. S. P. BONNER, M.D.

It will be observed that no mention is made of this letter by Dr. Mason, or in the certificate. If the Faculty of the Long Island School consider, after reading these documents, that we have, in the classic language of that modern New York Ajax, Dr. Reese, "published a slanderous assault" on their school, we will humbly apologize. We have no intention or wish to injure the Long Island College School, and only stated what we did after having heard the matter publicly mentioned in medical circles.

And now, we must claim the indulgence of our readers, while we pay our respects to the *American Medical Times*. We had to occupy valuable space in our November number, with that pink of a gentleman, Dr. Reese, of the *Medical Gazette* of New York. The *Medical Times*, of November 17th, devotes two of its double columns to us; in which the editorial courtesy peculiar to the atmosphere of New York city, is strongly presented. It will be remembered that some weeks since it republished the facts, as given by us in regard to the late disorganization of the Faculty of the Medical College of Ohio. A few numbers later, it said that the statement (ours) from which it gathered the facts was "*ex parte*." For doing this, we charged it with a want of editorial courtesy. Why did it not publish the name of the person who furnished the information, and give us an opportunity to vindicate our statement? Is it the courtesy of gentlemen in New York, or of editors in New York, to state that another journal has misrepresented, or given an *ex parte* statement, without giving the proof, and the name of the person furnishing it? Is it courteous or manly? It is not so held in this city. It stated that the late Board of Trustees sustained the opposition,—that is, the Prof. of Surgery; and reiterates the charge. We simply pronounce it *untrue*. The Board did not sustain him, but acknowledged his failure to do his duty; and as the time for which it was appointed was shortly to expire, it wished the Faculty to continue a unit, and not being able to accomplish this, it resigned.

Probably the *Times* had better publish a certificate of its informant, sworn to before a New York Commissioner, as to the fact of the Board of Trustees sustaining the "opposition." It says, "It seemed but right that the party who had not been heard at all, should have the benefit, at least, of this acknowledgment, which we accordingly made." Why did it not publish the letter of the party, and allow several gentlemen interested in this city to be heard also? This is New York editorial courtesy!

Again we are told that we forbid it to notice "our little difficulties." We only objected to its publication of false statements. It thinks we take "a maternal interest in the character of distant institutions; and has recently, without vocation, and without a word of inquiry, as to"

arraigned one of our most respectable medical institutions, for a gross violation, not only of the rules of the American Medical Association, but also of the laws of the State of New York." As to "the slightest provocation," to arraign a respectable institution, we refer it to Dr. Clendenin's letter.

It is terribly provoked that we dare arraign a respectable institution of New York, for doing an injury to the profession of the entire country. Why has it not replied to a severe charge made a few weeks ago in the *Daily Times* of its own city, against *all* the schools of New York city, even including Brooklyn, which accused them of graduating men under three years' study? If the *Times* had let off a little of its bottled wrath, and aimed its very elegant expletives at the *Daily Times*, and charged it with stating falsehoods, we should not have been so amused at its course toward us. Its silence on this matter has been painful.

We do not care how respectable the school may be, we intend to lay before the profession its irregularities. We have yet to learn, of any man, or set of men, of any school or schools, who are above the profession of the entire country.

Dr. Reese, of the *American Medical Gazette*, could imagine no other motive for our charge against the Long Island School than that Dr. O'Leary had been appointed a Professor in the Medical College of Ohio, and the *Times*, with the same fairness, truth, and editorial courtesy, endorses it. *Par nobile fratrum!* We will say, for our readers, that we entertain for Dr. O'Leary no other feeling than that of respect. We shall not object, but rather rejoice, if he gains, in addition to his present place, that of Professor of Chemistry in the Long Island College Hospital.

As a final word for the *Times*, we may say we own our journal, and intend to conduct it for the benefit and pleasure of our readers and subscribers. It is intended to represent the views, feelings, and opinions of all gentlemen in the legitimate profession — the enforcement of the code of ethics, and the liberal independent sentiments of those who are struggling to raise the standard of medical education. We live in the West, and represent western opinions, and feel utterly indifferent as to the good or bad opinion of the *Times*, except as it sustains right and truth.

Just as we were about sending this to press, Dr. O'Leary brought us the following note, which we publish with great pleasure:

*Editors of the Lancet and Observer :*

In the form of affidavit, published in the *American Medical Times*, as required for my graduation at Long Island College Hospital, the name of Dr. McNeal is omitted, under whom I commenced my medical studies in 1854. This gentleman's name I gave to Dr. Dudley, Registrar of the College, with the names of Drs. Blackman and Clendenin, with the latter of whom I studied Anatomy, in the spring of 1858. Dr. Dudley told me, as I had studied the required time, it was not necessary to mention the names of my different preceptors. I never claimed to have studied three years under Drs. Blackman and Clendenin, as the letter of the one, and the professional ticket of the other, submitted to the Faculty, gave the dates and terms of my studies with them. CHAS. O'LEARY.

We forbear all comment, and submit the whole matter to our readers, and the medical public.

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*The Report on Ophthalmology by Dr. A. Metz.*—Our gifted friend, Dr. A. Metz, read at the last meeting of the Ohio State Medical Society a portion of an elaborate and interesting report on the diseases of the eye. We requested a copy of the manuscript for publication, thinking that it would gratify our readers, and place in the way of just appreciation the faithful labors of an esteemed colleague. Upon reception of the manuscript, we find that the whole of the report is too lengthy for a periodical like ours, and that we must forego the pleasure of seeing it among our pages. We feel, however, in duty bound to direct the attention of our readers to this report of Dr. Metz, when it appears in the printed transactions of the Ohio State Medical Society. It is a most elaborate exposition of the condition and progress of some parts of Ophthalmology, at and up to the present times.

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*"Honor to whom Honor."*—We feel complimented whenever our friends find matter in our pages worth reproducing, but think they do not always manifest a reasonable degree of care in giving us due credit. We notice our matter used sometimes with great freedom, without any credit, and occasionally giving the credit to the wrong direction. Thus, for instance, the very careful and matured paper of Dr. Hartmann, on diphtheria, has gone the round of our exchanges pretty generally, and for the most part giving us the proper credit; but recently we found it amongst the *Original Communications of one of our Southern friends, and shortly after it again as from that*

Southern journal. A word to the courteous is sufficient. We make such mistakes ourselves, occasionally, but we are ever ready to make the amende.

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*The Commercial Hospital.*—It is well known that the charter of the Medical College of Ohio guarantees to its Faculty the right to deliver clinical lectures, and introduce its students into the Hospital, in consideration of giving all the necessary medical and surgical service. For some years, the Faculty has permitted the Directors of the Hospital (as they claimed the right) to sell tickets to students of other schools in the city. Within the last few weeks the Faculty had an injunction issued, preventing the Directors from selling tickets, and the Superior Court sustained the injunction. The Faculty now demand ten dollars a ticket and a previous matriculation from the students of other schools. The students (109 in number) of the Cincinnati College of Medicine presented a petition to the City Council two weeks ago, praying that they may be admitted to the clinical lectures of the Hospital. The petition was referred to a special committee, which has not yet reported. In our next number we intend to give our views at length on this subject.

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EDITORS LANCET AND OBSERVER :—In my report of the exsection of the lower jaw, published in the October number of your journal, I referred to another case of the kind, almost of the same size, in which I should not apply a ligature to the primitive carotid artery. This operation I performed on the 12th of November, and, although the hæmorrhage was trifling, and the operation completed in six minutes, the patient never rallied, and died five and a half hours after the operation. As I was completing the disarticulation, a large vein passing over the ramus was divided, and instantly I heard a gurgling noise, to which I called the attention of my assistants. Collapse immediately followed, and continued to the time of her death. The patient was a female, rather slender, and only eighteen years of age. The tumor had been growing for a number of years, but its increase had been more rapid for the six months before the operation than for three or four years before.

Respectfully, etc.,

CINCINNATI, Nov. 23, 1860.

GEO. C. BLACKMAN.

*Admission to U.S.A.*—The Board of Army Surgeons, composed of Surgeons C. A. Finley, C. S. Tripler and N. S. Jarvis, which met in Baltimore, September 20th, reported the following gentlemen to the Secretary of War as qualified for the place of Assistant Surgeons: Dr. C. Short, of Md., Dr. A. F. Mechine, of Md., Dr. C. Wagner, Md., Dr. D. P. Ramseur, N. C., Dr. W. F. Cormick, Va. Assistant Surgeons Ten Broeck, L. H. Stone and E. W. Johns were reported for promotion.

There are several vacancies in the medical corps of the army. Any of our young friends who feel like applying can make application to the Secretary of War.

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*The Obstetric Controversy* between Prof. Tate and Prof. Richardson has, perhaps, been suffered to progress about as far as the taste of our readers will consider agreeable; most of us relish a spice of personality now and then—as we do social scandal,—but after, perhaps, publishing the somewhat amusing letter of Dr. O'Connor (who represents the “periphery” in this case), we must close our editorial door to the further war of words.

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*Examination of the Seeds of the Ricinis Communis.*—The Society of Pharmacy of Turin offers a prize of 500 livres for an answer to the following propositions: “To determine the quantity and quality of the proximate principles contained in the seed of ricinis communis. To make known the cause of the marked difference which is observed in the mode of action upon the animal economy between the seeds and the expressed oil of the ricinis, and to indicate, if possible, the respective action of the divers principles isolated. A specimen of the principles which the author may be able to isolate should accompany the memoir. The memoir, written in either Italian, French or Latin, should be sent before the first of December, 1861, to M. Chiapero Francesco, General Secretary of the Society, at Turin.”—*Bouchardat Repertoire*.

This interesting subject is understood to be offered to universal competition, and the honor, as well as the prize for the essay, are well worth having. The plant is largely cultivated in our Middle and Western States, and the oil forms a staple commodity. The honor of this essay is, therefore, quite within the reach of our scientific men.—*Am. J.*

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*To Correspondents.*—Communications are received from Dr. J. Mendenhall, Dr. J. D. O'Connor, Dr. Houghton, Prof. E. S. Coöper, Dr. A. R. Ticknor, and Clermont (Ohio) Medical Society.

*A new Journal.*—We have received the first number of the "American Journal of Indigenous Materia Medica and Repository of Medical Science," conducted by B. Keith, M.D., New York City.

*Tracheotomy in Diphtheria.*—Dr. Eugene Moynier, Chef de Clinique at Hôtel-Dieu, Paris, states that he attended, in the first six months of 1859, 25 patients suffering with laryngeal diphtheria, of whom 11 recovered—eight out of twenty in the hospital, and three out of five in the city.

*Dictionary for the Blind.*—Prof. Duglison, in conjunction with Mr. William Chapman, have just published a dictionary of the English language, in Philadelphia. It consists of three folio volumes in raised letters. Worcester's dictionary has been used as a basis for the work. It is the first work of the kind ever published. Prof. D. has spent quite four years on it.

*The Nashville Medical Record.*—After a brief suspension this journal comes to us in a new dress and style. It is now a large sixteen-page monthly, of the general appearance of the New York *American Medical Times*. Prof. Wright has withdrawn from his editorial connection with the *Record*, and Dr. J. J. Abernethy, Prof. of the Theory and Practice of Medicine in the Shelby Medical College, takes his place. Drs. Abernethy, Madden and Callender are now the editorial corps.

*College Clinics of the Cleveland Medical College.*—Our friends in Northern Ohio will recollect that Medical and Surgical Clinics are held every Wednesday, during the entire session of the Cleveland Medical College, and that any material furnished to enhance their value will be duly appreciated by the Faculty. With the coöperation and liberality of the profession, these Clinics have become equal to the very best College Clinics of our land, and the advantage derived by students through them is inestimable.

We shall have an opportunity to report the history of the more important and interesting cases in some of our next issues.

*Rush Medical College.*—On the first day of the regular session seventy-five students were in attendance.

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*Medical College of Virginia, at Richmond.*—One hundred and thirty students were in attendance on the course of this school, on November 1st. It is, says the Maryland and Virginia *Medical Journal*, the largest class ever assembled in Virginia.

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*New Orleans Schools.*—The "New Orleans Medical News and Hospital Gazette" of November 1st says: "The prospects for large classes are flattering, and students who visit New Orleans this winter will find a really practical, substantial feast spread before them, such as can not be found elsewhere in the country."

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*University of Maryland at Baltimore.*—Dr. Edward Warren, late of North Carolina, and Professor of Materia Medica, delivered the general introductory in this School on the 15th of October. His subject was the "Defense of Medicine." His address is to be published.

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*Opening of the Dental College of Cincinnati.*—This institution enters on its winter course under favorable circumstances. The class promises to be very respectable. From personal knowledge we can say that the gentlemen composing the Faculty are very able and accomplished.

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*Lind University.*—The Chicago *Medical Examiner*, says: "The full course has been progressing four weeks, with perfect regularity and satisfaction in all its departments; and the number in attendance shows a very gratifying increase over the class of last year." Prof. Byford delivered the general introductory.

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*Oglethorpe Medical College.*—The number of matriculants in this school October 31st amounted to 76. The *Oglethorpe Medical and Surgical Journal* thinks the number will not fall short of one hundred. Dr. Frank Dozier, formerly Professor of Materia Medica in this school, having located himself in the country, so as he was unable to discharge his duties, has resigned, and is succeeded by Dr. J. C. C. Blackburn, of Morgan, Georgia.



*St. Louis Schools.* — The St. Louis *Medical and Surgical Journal* says of the classes in that city: "The number now present is considerably greater than at a corresponding period last year, and the prospects are that we will have larger classes, perhaps the largest, that ever assembled west of the Mississippi river."

*San Francisco School.* — The regular lectures in the Medical Department of the University of the Pacific commence for the future on the first Monday in November, instead of May.

The number of students in attendance on the first session was eleven, and during the second, fifteen. Don't be discouraged, Dr. Cooper; you will yet build up a large school.

*Shelby Medical College.* — We do not learn the number in attendance on this school, but understand from the *Record* that "the number in attendance thus far (November 1) augurs a class as large, if not larger, than that of last year, notwithstanding several circumstances which, during the October course, have tended to render the attendance on preliminary courses in all schools smaller than usual."

*Cleveland Medical College.* — The annual course of lectures in the Cleveland Medical College commenced on Wednesday, November 7th. The Introduction was delivered by Prof. Weber, before a large audience — the students and friends of the institution. The subject of the introductory was: *The importance of the physical education of infants.*"

The number of students in attendance, on the first and second day, was sixty-two, which number is expected to increase during the first few weeks of the session, to very near one hundred.

The class, of course, is the "most intelligent and gentlemanly body of medical students we ever saw assembled in a lecture room."

*The Opening of the Schools in New York City.* — The University course was opened on the 15th by an introductory from the distinguished Valentine Mott.

The introductory to the course of the New York Medical College was given by Prof. Doremus. His subject was carbonic acid gas, which he illustrated by several brilliant experiments. The Trustees and Faculty of this school intend to erect a building on

a lot adjoining the college, to be devoted exclusively to hospital purposes.

The course of the College of Physicians and Surgeons was opened by an introductory by Prof. Dalton, on the Circulation of the Blood. This school has met with a piece of good fortune in being recognized hereafter as the medical department of Columbia College. As this latter institution is very rich, it will be able to pay the debt of the College of Physicians and Surgeons. There are fewer students from abroad in New York, says the *American Medical Gazette*, than is usual at the opening, especially from the Southern States. "The falling off from the latter source may injuriously affect the aggregate in one or more schools.

By the way, the telegraph informs us that the Southern students in New York Medical College held a meeting, proposing to secede, but finally passed a resolution to wait. We hope, for the good of our common profession, that the foolishness and wickedness of politicians will not again make its appearance in our ranks.

In this connection, we give with pleasure an extract from a letter from the distinguished Prof. J. C. Nott of Mobile. Having been greatly annoyed of late with letters desiring him to take part in politics, he replies as follows, in a published letter: "I am now busily occupied with our Medical College, where I have work enough to do; and I hope to serve the State much better by attending to this than by wrangling in politics, for which I have always had a positive disgust."

— We learn from the November number of the *Ohio Medical and Surgical Journal*, "that the number of students already in attendance (on the course of Starling Medical College), although the preliminaries are hardly through with, is several more than the average of the full attendance for several years past. Last year the class was an advance of 30 per cent. on previous years. The present class is an advance of full 30 per cent. on the class of last year, and includes a very large proportion of it."

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— Dr. J. H. Butler, for more than three years Resident Physician, Baltimore Infirmary, has been appointed Demonstrator of Anatomy in the University of Maryland.

— Dr. J. P. Clement has been appointed Superintendent of the State Asylum at Madison, Wisconsin.

— Dr. Richard J. Duglison and Dr. S. W. Mitchell have been appointed Physicians to the Pennsylvania Institution for the Instruction of the Blind.

— According to Prof. Gross, Dr. Brashear, of Bardstown, Ky., performed, early in the present century, the first successful amputation at the hip-joint in the United States.

— Prof. J. Adams Allen, of Rush Medical College, has been appointed to the chair of *Materia Medica* in the Chicago College of Pharmacy.

— Prof. W. H. N. Magruder, Baton Rouge, La., is collecting materials for a biography of the late Dr. Drake. All who have any letters, or papers, or are acquainted with any facts or incidents which may be of value in the preparation of such a work, will please address Prof. M. as above.

— The *American Medical Gazette* states that Dr. J. M. Markoe, after one year's service as "Lecturer Adjunct" to Prof. Parker, has received his promised reward by promotion to the "Adjunct Professorship"—a meed which was withheld from Dr. Geo. J. Elliot, and hence his resignation. He would not condescend to clamor and chaffer for his rights, but resented the indignity and retired. The profession of the city who know him, honor him for his manly independence.

— Some of our readers and friends will be glad to know that their and our old friend, Dr. Glover Perin, Assistant Surgeon, U.S.A., is now in Cincinnati. He has just returned from a six years' service at Fort Craig, New Mexico, on a four months' leave of absence. He graduated in the Medical College of Ohio, and served as Resident Physician in the Commercial Hospital of this city, from which he entered the army in 1847, after having passed a very honorable examination. His paper (published some years ago by Surgeon General Lawson) on the use of the maygua plant in scurvy, gave him a high position in the Army.

— Ricord has resigned his place as one of the surgeons of the Hospital Midi at Paris. He retires, certainly, with a reputation well-earned. Previous to his investigations of syphilis and gonorrhœa, our knowledge was confusion confounded. He has

maintained his doctrine of syphilis with great ability, but was forced last year, in the face of well-attested experiments, to admit that secondary syphilis is contagious.

Every American who has had the pleasure of following him through his wards, and hearing him lecture, will preserve a warm regard for him, and wish for him a green old age. It was supposed that he would be succeeded by M. Cullerier, of the same hospital, but M. Cusco, a surgeon of the Hospital Salpêtrière, succeeds him. Very recently, Ricord has been promoted to the rank of Commander in the Legion of Honor.

— We would respectfully call the attention of the Professors of Surgery in the Medical College of Ohio and the Cincinnati College of Medicine and Surgery, to the following article of the Code of Ethics: Art. 1., Sec. 3rd. "It is derogatory to the dignity of the profession to resort to public advertisements, or private cards, or hand-bills, inviting the attention of individuals afflicted with particular diseases, publicly offering advice and medicine to the poor gratis, or promising radical cures; or to publish cases and operations in the daily prints, *or suffer such publications to be made, to invite laymen to be present at operations*, to boast of cures and remedies, to adduce certificates of skill and success, or to perform any other similar acts. These are the ordinary practices of empirics, and are highly reprehensible in a regular physician." The *Daily Times* of this city contained, a short time since, a puff of a rhino-plastic operation, performed by the Professor of Surgery in the Cincinnati College of Medicine and Surgery, and the *Gazette* of November 14th contained a notice of an operation by the Professor of Surgery in the Medical College of Ohio. Now then, gentlemen, we ask, in behalf of the regular profession, that you shall see to it that these irregularities are stopped. "Laymen" were certainly present at those operations,—whether *by invitation or not*, we can not say. These things look bad, for, in the language of the Code, "*They are the ordinary practices of empirics, and are highly reprehensible in a regular physician.*" This vulgarity of advertising surgical operations in secular papers is excessively offensive to all gentlemen in the profession.

— Prof. Bedford's Clinical Lectures on the Diseases of Women has been translated into French.

## Obituary Record.

"ANOTHER old citizen has gone. Another useful member of society has been gathered to the tomb. Dr. OBERDORF departed this life on Thursday, Nov. 22nd, in the 84th year of his age. He was of French and German origin, and his earlier years were remarkable for the various and striking scenes through which he passed. He visited every quarter of the Globe, his first voyage being to the East Indies. At Pondicherry, then a French settlement, he first encountered the cholera. He was a Surgeon in Napoleon's army, and served with him in Italy, Egypt, and Russia. At the battle of the Bridge of Lodi, he saw his brother's body severed by a cannon ball. He was also at Eylau, Austerlitz, Leipsic, the siege of Saragossa, and in many more engagements.

"Dr. Oberdorf came to Cincinnati in 1819, and began the practice of medicine the following year. He was eminently successful in the system he pursued, and soon became noted for his cures, though he incurred much odium from his brothers of the healing art, as he did not always administer the medicines prescribed in the Pharmacopœia. For thirty years he continued to have large practice in the city and surrounding country. He inspired his patients with unbounded confidence in his skill, and attended some families to the third generation.

"Many who might have done honor to his memory, have, in the course of Nature, gone before him. Still many remain who can bear witness to his abilities as a physician, and generosity as a man. Frequently, when offered remuneration for his services, he declined accepting it, if he thought his patients were in reduced circumstances. Not one of all the thousands he attended, could accuse him of unjust or exorbitant charges. "Blessed are the merciful, for they shall obtain mercy." He has fought the good fight, and has gone from us in the beauty of the promise fulfilled, to the Great Physician, who has a balm for every wound, a panacea for every ill."—*Cincinnati Daily Gazette*.

PROF. JEDADIAH COBB.—We learn from a Louisville paper that this accomplished anatomist died Nov. 11th, at his residence in Manchester, Mass., aged 60 years. Dr. COBB was many years since Prof. of Anatomy in the Medical College of Ohio; filling that chair with unusual distinction and acceptability. Subsequently he formed one of the faculty of the University of Louisville; and still again, was, for a short time, associated with the fortunes of the Medical College of Ohio. Dr. COBB was not connected with medical teaching for several years before his death, but had settled down in a pleasant home in Massachusetts, to enjoy the dignity of private life. He had a large circle of friends in this city (Cincinnati), and throughout the medical profession of the West, who will read this notice of his death with sincere sorrow.

DR. B. M. BYRNE, Surgeon, U.S.A., died at Fort Moultrie, Sullivan's Island, of typhoid fever. He was a graduate of the University of Maryland. He served through the Mexican War, and wrote a paper entitled "An Essay, to prove the Contagious Nature of Malignant Cholera."



